

SCHOOL DISTRICT OF COLBY

- FOR OFFICE USE ONLY:**
- Letter– Interest in Position
 - Completed Application
 - 3 Letters of Recommendation or Placement/Credential File
 - Copy of License(s)
 - Transcripts

APPLICATION FOR CERTIFIED EMPLOYMENT

RETURN APPLICATION TO:
School District of Colby
505 West Spence Street – PO Box 139
Colby, WI 54421-0139

DATE _____

PERSONAL DATA:

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____

UNTIL: _____, WHEN I MAY BE CONTACTED AT: _____

ADDRESS: _____

TELEPHONE: (____) _____ EMAIL ADDRESS _____

POSITIONS FOR WHICH YOU ARE QUALIFIED FOR EMPLOYMENT:

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

AVAILABLE FOR EMPLOYMENT ON: _____

CERTIFICATION: DO YOU HOLD A VALID WISCONSIN TEACHING CERTIFICATE? YES NO
PLEASE LIST CERTIFICATES BELOW (E.G., 41-105, ELEMENTARY. K-5; 27-300, SECONDARY. ENGLISH)

LANGUAGES: PLEASE LIST ANY LANGUAGE(S) SPOKEN OTHER THAN ENGLISH: _____

EDUCATION AND TRAINING:

DEGREE/DIPLOMA	INSTITUTION	LOCATION	DATE
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PREVIOUS PROFESSIONAL EXPERIENCE (Please list most recent first):

Inclusive Dates From To		Name and Address of School	Grade/Subject Level	Reason for Leaving

CO-CURRICULAR ACTIVITIES WHICH YOU ARE QUALIFIED TO ADVISE:

- 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

SPECIALIZED TRAINING AND/OR INTERESTS & EXPERIENCES:

ORGANIZATIONS/HONORS & LEADERSHIP ACTIVITIES:

REFERENCES (Please list references who have knowledge of your qualifications):

Name	Title	Address	Telephone

IF OFFERED AN EMPLOYMENT INTERVIEW with the District, will you need any reasonable accommodation? Please explain:

ALL APPLICANTS MUST INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION:

- Placement or Credential File OR Three Letters of Recommendation
- Copies of Appropriate Wisconsin Teaching Certificate [and copies of certificates issued by any other states]. Recent college graduates may submit a Professional Education Certificate issued by your training institution as a temporary license.
- Copies of All Other Licenses required for the certified position for application is being made.
- Transcripts of All Undergraduate and Graduate Studies [Copies are acceptable during the application process; Official Transcripts are Required upon employment.]

APPLICANT’S TESTAMENT & AUTHORIZATION FOR INFORMATION RELEASE, PHYSICAL EXAMINATION & BACKGROUND CHECK:

I am currently seeking employment with the School District of Colby. I hereby certify that the answers/statements given by me to the foregoing questions are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the Application for Certified Employment, or any other document, may be used to deny my employment, or if employed, may be used for discipline, up to and including termination. I agree that all statements made in this application may be investigated. I agree that the School District of Colby shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me on this Application for Certified Employment or any other document.

I hereby authorize the School District of Colby at the time of my application or during the course of my employment to obtain information from any source regarding my education, experience, criminal background, competence, character, or medical history, as it relates to the position for which I am applying or in which I may be employed. I voluntarily and knowingly authorize my former employer(s), their officers, employees and agents to release any and all information concerning my employment to the School District of Colby, its officers and agents. I understand that the information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by my references and former employer(s), its officers, employees and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless my references and former employer(s), its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorneys fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any information or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosure of such facts knows are untrue.

I also understand that I may be required to undergo a post-conditional employment offer physical examination, and hereby authorize the results of such physical examination to the School District of Colby. I understand that I may be required to undergo further such examinations and tests in the future, and that my employment is contingent upon successful completion of such examinations and tests. I understand and release the School District of Colby from any and all liability with respect to such examinations and tests, and hold the School District of Colby harmless for any decision made in this respect.

I understand that, if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the Immigration and Reform and Control Act of 1986.

I agree to conform to the rules, regulations and policies of the School District of Colby. I fully understand and agree that completing this Application for Certified Employment does not obligate the School District of Colby to offer me employment, nor does it obligate me to accept employment with the School District.

SIGNATURE OF APPLICANT _____ **DATE** _____

EQUAL OPPORTUNITY EMPLOYER

The School District of Colby is an equal opportunity employer and does not discriminate against applicants on the basis or race, creed, sex, sexual orientation, national origin, disability, age, or political affiliation.

TEACHER APPLICATION SUPPLEMENT

Please answer each of the following questions in the space provided:

1. Please share the ways in which you will individualize instruction to meet each student's unique needs and talents.
 2. How will your assessment of students' progress in learning reflect our school district's goal to become performance-based?
 3. What technologies will you employ to assist students in their learning?
 4. In what ways have you accommodated students with special learning challenges?
 5. How will you involve parents and community in your students' learning?
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