

SCHOOL DISTRICT OF WILD ROSE  
600 PARK AVENUE  
P.O. BOX 276  
WILD ROSE, WI 54984

Attn: Debi Smith

TEACHER APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

Highest Degree Held \_\_\_\_\_

Type of Wisconsin Certificate applied for or  
Type of Wisconsin Certificate granted: \_\_\_\_\_

Other Certificates you are eligible for: \_\_\_\_\_  
\_\_\_\_\_

Undergraduate Degree received from: \_\_\_\_\_

Graduate Degree received from: \_\_\_\_\_

Undergraduate Major Field: \_\_\_\_\_

Undergraduate Minor Field: \_\_\_\_\_

Graduate Major: \_\_\_\_\_

Years Teaching Experience: \_\_\_\_\_

(Start with current and work backwards)

School District	# of years teaching	Subject taught	Supervisor	Supervisor's address and phone number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Other educational work experience (please summarize):

Educational philosophy and future goals:

Have your credentials been sent? \_\_\_\_\_ Are you available if we need them? \_\_\_\_\_

References: Please supply three immediate supervisors

Name & Address	Phone Number	Position	May we contact this person
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#### Criminal Background Search

May we conduct a personal background check, including contact of your references named above as well as present and previous employers including records of municipal, State and Federal law enforcement agencies, Selective System, and review other records related to this position?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If no, please explain.

I do hereby provide the School District of Wild Rose with my birthdate and social security number with the understanding this information will be used to conduct a criminal background check.

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Because of the nature of this position, applicants with conviction records who are invited to an employment interview will be asked to discuss this information. (A conviction record will not be used as a criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

Have you ever been convicted of a crime or are there any charges currently pending? \_\_\_\_\_yes \_\_\_\_\_no  
If so , please explain in detail:

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Have you ever had a teaching license revoked or are you facing licensure revocation? \_\_\_\_\_yes \_\_\_\_\_no

Have you ever lived outside the state (after age 18)? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what state and county? \_\_\_\_\_

Please indicate any other names you have used (e.g. alias, maiden name)

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Please provide a list of your addresses for the past 10 years:

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**CERTIFICATION STATEMENT** Please read, sign, and date the following statement.

I certify that I have fully read this application form and that all answers to questions in this application are true and complete to the best of my knowledge. I agree, and fully understand that it is my responsibility as an applicant to provide complete and accurate information regarding my past history, licensure, license revocation, and any convictions and that failure to do so may be just cause to terminate my employment. I understand that any misstatements or omissions of material fact may disqualify me for this position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Interviewed by (1) \_\_\_\_\_ Date \_\_\_\_\_

(2) \_\_\_\_\_ Date \_\_\_\_\_

(3) \_\_\_\_\_ Date \_\_\_\_\_

An Equal Opportunity Employer

# SCHOOL DISTRICT OF WILD ROSE

## "Home of the Wildcats"

### Craig Hayes

District Administrator  
hayesc@wildroseschools.org  
600 Park Avenue, PO Box 276  
Wild Rose, WI 54984-0276  
(920) 622-4203  
Fax (920) 622-4604

### Chris Nelson

Middle School-High School Principal  
nelsonc@wildroseschools.org  
Wild Rose Middle-High School  
600 Park Avenue, PO Box 276  
Wild Rose, WI 54984-0276  
(920) 622-4201  
Fax (920) 622-4801

### Matt Wilbert

Elementary Principal  
wilbertm@wildroseschools.org  
Wild Rose Elementary School  
825 Mt Morris St, PO Box 119  
Wild Rose, WI 54984-0119  
(920) 622-4204  
Fax (920) 622-4601  
Pleasant View Elementary  
N5275 County Road NN  
Pine River, WI 54965  
(920) 987-5123  
Fax (920) 987-5136

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

Reference Check for: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### AUTHORIZATION TO SECURE APPLICANT REFERENCE INFORMATION

I, \_\_\_\_\_, have placed an application for employment with the *School District of Wild Rose*. I hereby authorize the School District of Wild Rose to initiate reference checks of such information as necessary to verify/evaluate my qualifications for the position for which I have applied.

\_\_\_\_\_ I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

\_\_\_\_\_ I hereby give consent to access the information contained in my personnel records or file and authorize the release of copies of such records to the School District of Wild Rose.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_