

Name _____
Last First Middle Maiden (if applicable)

**APPLICATION FORM
TEACHER
SURING PUBLIC SCHOOL DISTRICT**

Direct applications, materials, and inquiries to:

Superintendent's Office
Suring Public School District
PO Box 158
Suring, WI 54174

Phone: 920-842-2178
FAX: 920-842-4570

Date _____

POSITION(S) PREFERRED _____

CURRENT ADDRESS _____ ()
Street City State Zip Telephone

PERMANENT ADDRESS _____ ()
Street City State Zip Telephone

LICENSES HELD (List subject _____
or area and code numbers) _____

Are you currently under contract? _____ If yes, explain _____

Date available for employment with us _____

Have you ever filed an application with this school district? _____ If so, when _____

EDUCATION AND PROFESSIONAL TRAINING

HIGH SCHOOL _____
Name City & State

COLLEGE & UNIVERSITY (list most recent first)
SCHOOL & LOCATION DATES ATTENDED MAJOR(S) MINOR(S) DEGREE

Number of Graduate Credit
Beyond Bachelor's Degree _____

Number of Graduate Credits
Beyond Master's Degree _____

Note: A complete transcript of all undergraduate and graduate college work and a current license(s) must be placed on file in the District Office prior to the start of employment. It is the responsibility of the applicant to supply this information.

STUDENT TEACHING

SCHOOL & DISTRICT	LEVEL OR SUBJECT	COOPERATING TEACHER	ASSIGNMENT DATES

TEACHING EXPERIENCE

Total Years _____

SCHOOL & LOCATION	GRADE LEVEL OR SUBJECTS	DATES	# YEARS

Have you ever been non renewed or laid off? _____ If yes, explain _____

RELATED WORK EXPERIENCE

(List most recent first)

EMPLOYER & LOCATION	KIND OF WORK	DATES	REASON FOR LEAVING

RELATED INFORMATION

FOR ELEMENTARY SCHOOL APPLICANTS

FOR ALL APPLICANTS

Can you teach music? _____

List activities or sports you might supervise, sponsor or assist

Can you teach art? _____

Can you play piano? _____

List courses in teaching of reading

Honors, scholarships or other awards you have received _____

A copy of my transcript and credentials will be forwarded from _____

under the name of _____

Have you ever been convicted of a felony? _____ If yes, please explain. _____

REFERENCES

Personal references regarding preparation, training & experience (preferably superintendents, principals, supervisors)

NAME	ADDRESS	POSITION	TELEPHONE

If you are recommended for employment a physical entrance examination must be satisfactorily completed before you will be hired.

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the School District of Suring to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the School District of Suring any information they may have regarding me. In consideration of the School District's review of this application, I hereby release the District as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signature of Applicant

Date

The School District of Suring is an equal opportunity employer. The Suring Public School District does not discriminate against pupils on the basis of sex, race, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap in its education programs or activities. Federal law prohibits discrimination in employment on the basis of age, race, color, national origin, sex, or handicap. Employees of this District are required to comply with the provisions of Title VI of the Civil Rights Act and Title IX of the 1972 Educational Amendments. For additional information on the nondiscrimination policy and/or complaint procedure, contact the District Administrator at 920-842-2178.

An opportunity will be available during the selection process for persons with disabilities to advise the District of any need for reasonable accommodation.

Send application and materials to: **Suring Public School District
Superintendent's Office
PO Box 158
Suring, WI 54174**

OFFICE USE ONLY

Interview Date(s) _____
Interviewer _____
Grade/Subject _____

APPLICATION MATERIALS RECEIVED

Transcripts	_____	Date	_____
P.R.F. (2)	_____	Date	_____
License	_____	Date	_____
Resume	_____	Date	_____
Completed Application	_____	Date	_____

Please answer the following questions:

1. What do you enjoy most about teaching? _____

2. How can you get students to be excited about learning? _____

3. Please describe an outstanding teacher _____

4. When students say they want their teacher to be fair, what do you think they mean? _____

5. What do you enjoy most about listening to people? _____

6. What new ideas would you like to initiate in your classroom? _____

7. Please comment on the most significant contributions you have made in your current or most recent position. _____

8. What methods of assessment do you use to determine students learning and progress? _____
