
**APPLICATION FOR CERTIFIED EMPLOYMENT
SCHOOL DISTRICT OF MAYVILLE**

PERSONAL DATA

Date of Application _____

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip) (Phone)

Permanent Address: _____
(Street) (City) (State) (Zip) (Phone)

Are you currently under contract? _____ If so, explain: _____

Have you previously filed an application with this school district? _____ If so, what position? _____

FORMAL EDUCATION AND TRAINING

College or University Education (Most Recent First)

Name & Location of School	Degree	GP Average	GP Scale	Major(s)	Minor(s)

Number of Graduate Credits beyond Bachelor's Degree _____ Number of Graduate Credits beyond Master's Degree _____

Participation in Extra-curricular Activities. (You may omit those which indicate your race, color, religion, national origin, ancestry, sex or age.)

College: _____

High School: _____

Other Education or Training: (Describe any education or training you have had which is not covered above, such as correspondence courses, In-service training, Workshops which you feel would be relevant to the job for which you are applying.)

TEACHER CERTIFICATION

Areas of Certification	Subject/Grade	State Issuing License	Expiration Date	Wisconsin DPI Code Number

TEACHING/WORK EXPERIENCE (Student Teaching/Internships/ Field Work/Practicum Experience) Begin with your most recent experience if it occurred within the last five years. The supervisor should be your supervising teacher or principal. Do not list department heads.

From: _____ To: _____
Mo. /Yr. Mo. /Yr. District or Employer Grade/Subject

Principal: _____
Name and Address Telephone Number

Supervisor: _____
Name and Address Telephone Number

From: _____ To: _____
Mo. /Yr. Mo. /Yr. District or Employer Grade/Subject

Principal: _____
Name and Address Telephone Number

Supervisor: _____
Name and Address Telephone Number

PROFESSIONAL EXPERIENCE WHILE UNDER CONTRACT TO A SCHOOL DISTRICT OR EDUCATIONAL AGENCY. Please begin with the most current and list in descending order, only if within the last ten years. As supervisor/principal, please list the person who had the responsibility for evaluation of your teaching.

From: _____ To: _____
Mo. /Yr. Mo. /Yr. District or Employer Position/Subject/Grade % of Contract

Principal: _____
Name and Address Telephone Number

Supervisor: _____
Name and Address Telephone Number

Reason for Leaving: _____

From: _____ To: _____
Mo. /Yr. Mo. /Yr. District or Employer Position/Subject/Grade % of Contract

Principal: _____
Name and Address Telephone Number

Supervisor: _____
Name and Address Telephone Number

Reason for Leaving: _____

From: _____ To: _____
 Mo. /Yr. Mo. /Yr. District or Employer Position/Subject/Grade % of Contract

Principal: _____
 Name and Address Telephone Number

Supervisor: _____
 Name and Address Telephone Number

Reason for Leaving: _____

Total number of Full Time Equivalent Years of Employment in K-12 Education _____

OTHER WORK EXPERIENCE Begin with the most recent and list in descending order. List only those that have occurred within the last ten years.

Date From/To	Name of Employer	Location City/State	Type of Work	Reason for Leaving	Immediate Supervisor	Supervisor Tele. #

ADDITIONAL AREAS OF TRAINING AND/OR EXPERIENCE Please check the area(s) listed below in which you have documented training and/or experience. Experience is defined as actually having student taught or taught in the area. Training is defined as having formal academic course work, workshops, or in-service training in the area.

	<u>Experience</u>	<u>Training</u>
Gifted and Talented (Able Learner).....	_____	_____
Team Teaching..... (Planning and Implementing instructional activities with other teachers)	_____	_____
Math Their Way (CGI-Math).....	_____	_____
Whole Language.....	_____	_____
Chapter I.....	_____	_____
Computers..... (Experience/teaching units on computer usage)	_____	_____
_____ Word processing		
_____ Games/Skills practice		
_____ Technical experience		
English as a Second Language.....	_____	_____
Signing (Hearing Impaired).....	_____	_____
Diverse Student Populations..... <u>(Including high-risk level students – not Special Education)</u>	_____	_____
Cooperative Learning.....	_____	_____
Multi-Aged Grouping.....	_____	_____
Middle School.....	_____	_____
Teaching the Adolescent.....	_____	_____
Working with EEN Students..... (Exceptional Educational Needs)	_____	_____
Early Childhood Education (Pre-School).....	_____	_____
Thematic Integrated Instruction.....	_____	_____
Technical Preparation.....	_____	_____
Subject Areas: Strengths		
_____ Language Arts		
_____ Mathematics		
_____ Reading		
_____ Social Studies		

PERSONAL STATEMENT Include any experience or talent which in your estimation will contribute to your success in the position for which you are making application, such as: scholastic distinctions, travel, community service or activities, foreign language skills, musical or artistic talent, athletic achievement, coaching, journalism, and dramatics.

I certify that the answers given by me in this application are true and correct, without omission of any kind. I agree that the district shall not be held liable in any respect if my employment is terminated, because of a false statement, answer, or omissions made by me in this application. I authorize the School District of Mayville to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or government agency to disclose to the School District of Mayville reviewing the application, I hereby release the district, and all providers of information from any liability and for any damage which may result from furnishing and receiving of such information. A copy of this authorization and release is as valid as the original, and should be recognized as such.

Signature

Date

**RETURN TO: Administrative Offices
 School District of Mayville
 234 North John Street, Mayville, WI 53050
 Tele: (920) 387-7963 Fax: (920) 387-7979**

SCHOOL DISTRICT OF MAYVILLE

Professional Reference Form (Submit at least 2 reference forms)

NOTICE TO CANDIDATE: Print your name in the first blank on this form. Please give this form to a former supervisor who has observed you in a work situation. Ask them to complete this form and return it directly to the School District of Mayville at 234 N. John Street, Mayville, WI 53050

NOTICE TO REFERENCE WRITER: The applicant noted on this form has authorized the School District of Mayville to inquire with all listed references. **Please return directly to the School District of Mayville, Administrative Offices, 234 N. John Street, Mayville, WI 53050** The information on this form is **CONFIDENTIAL** and will not be shared with candidate.

_____ has applied for a certified position with the School District of Mayville. We are asking you to evaluate the applicant on the checklist below.

____ I supervised applicant in a job setting How long? _____ Where ? _____

____ I supervised applicant in a volunteer setting How long? _____ Where ? _____

____ I was a work colleague of the applicant How long? _____ Where? _____

NOTE: Please rate this applicant in each of the following categories by comparing this individual with others you have observed or for whom you have had evaluative responsibility. **CHECK ONLY ONE COLUMN PER LINE.**

Category	Upper 10%	Upper 25% But not Upper 10%	Upper 50% But not Upper 25%	Lower 50% But not Lower 10%	Lower 10%	No Cause For Judgment
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LESSON PREPARATION AND DELIVERY Well planned, introduction, motivation, delivery, closure appropriate _____

CLASSROOM ATMOSPHERE Enthusiastic, classroom in Control, students involved in meaningful activities. _____

MANAGEMENT Business like, task oriented, comfortable, Meaningful displays, reports completed timely _____

DISCIPLINE Quiet but firm, flexible, maintains control, treats Causes rather than symptoms, assists out of class discipline Maintains respect. _____

STUDENT RELATIONS Respects students, easily Approached consistent, promotes student self discipline. _____

STAFF RELATIONS Good team worker, ethical professional behavior, assumes responsibility, uses school time for school purposes. _____

COMMUNITY RELATIONS Communicates with parents, recognizes confidential information, utilizes community resources. _____

COMMENTS _____

NAME _____ **SIGNATURE** _____

ADDRESS _____ **OFFICE PHONE** _____

CONTACT PHONE _____ **DATE** _____

TO THE APPLICANT:

CHECKLIST OF REQUIRED PROFESSIONAL REFERENCES
(PER THE ABOVE REFERENCE FORM)

You must have the professional reference forms submitted from the required references. A listing of the required professional references is found below. Give/mail the Professional Reference Forms to you references. The reference writer is to mail the completed form directly to the School District of Mayville at 234 N. John Street, Mayville, WI 53050. A minimum of (2) two Professional References Forms **MUST** be received from present or former supervisors.

REQUIRED REFERENCES: Do NOT go back in time beyond ten (10) years.

1. IF NO PRIOR K-12 full-time teaching experience
 - College supervisor(s) of student teaching
 - Cooperating teacher(s) of student teaching
 - Principal(s) supervisor(s) who have observed you in a substitute assignment of at least twenty (20) days in the last two (2) years.

2. IF PRIOR K-12 ce4rtified experience.
 - Immediate supervisor(s) i.e. principal, assistant principal, etc. from the current school year, **NOT DEPARTMENT HEADS.**
 - Immediate supervisor(s) from positions held prior to the current year, i.e. principal, assistant principal, superintendent.

SCHOOL DISTRICT OF MAYVILLE

"Today's Youth is Tomorrow's Future"

www.mayvilleschools.com

Phone: (920) 387-7963

Fax: (920) 387-7979

Dear Applicant:

Thank you for your interest in the School District of Mayville. Enclosed are the application materials you requested. Please complete this application and return it to:

School District of Mayville
Administrative Offices
234 N. John Street
Mayville, WI 53050

Your application will receive full consideration for any position open in your requested area, if we have the following documents in addition to the application:

Letter of Interest
Resume
(2) Reference Forms (Enclosed)
Credentials
Transcript
License

Any offer of employment will be conditional upon the following:

Physical Entrance Examination
Criminal Background check
Drivers License check (if student transportation is involved)
Immigration

The School District of Mayville is an equal opportunity employer. The school district does not discriminate on the basis of age, race, color, sex, or sexual orientation, marital status, disability, national origin, creed, arrest or conviction record, or any other reason prohibited by state or federal law. 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 Education Amendment. An opportunity will be made available during the selection process, or potential employment period, for persons with disabilities to advise the district of any need for reasonable accommodations. Due to the large number of applicants we receive, you will not hear from us unless you are selected for an interview. Your application will no longer be considered after one year from the date of receipt, unless notified by you to keep it active another year.