

SCHOOL DISTRICT OF WAUPACA
Application Information for

Professional Position

MINIMUM REQUIREMENTS

1. Bachelor's degree with good academic standing.
2. Wisconsin State license or proof of application. (For information about the license, contact the Wisconsin Department of Public Instruction at (608)266-1027 or visit http://www.dpi.state.wi.us/tepd/tml_license.html)

APPLICATION PROCEDURE

Forward the following documents or information:

1. Official transcripts, resume, 3 or more letters of recommendation, and Wisconsin license or evidence license application has been made. Substitute applications only require a copy of DPI License or proof of 4 year degree.
2. Completed application form sent to the Administrator and Address listed on posting. Or, if applying for a Substitute Teaching position, send to:

Human Resources
School District of Waupaca
E2325 King Rd.
Waupaca, WI 54981

Call us at (715)258-4121 (Monday - Friday, 7:30 a.m. to 4:00 p.m.) if you have questions.

HIRING PROCEDURE

We will contact you if you are scheduled for an employment interview.

Your application will remain on active file for the academic year for which you applied.

SCHOOL DISTRICT OF WAUPACA
Application for Employment

Professional Position

POSITION(S) APPLYING FOR: _____

Please type or print

PERSONAL DATA:

Name _____ Soc. Sec. # _____
(Last) (First) (Middle)

Present Address _____ Phone # _____

Have you applied for a position with the Waupaca School District previously? _____

If so what position?

Please describe any function or task in the position you seek which you would be unable to perform. _____

PROFESSIONAL EXPERIENCE

Experience Under Contract to a School District

List in order of most recent employer	From _____ Mo./Yr.	to _____ Mo./Yr.	_____ District or Employer	_____ Position/Subject/Grade
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_____ % of Contract	_____ Your Reason for Leaving
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From _____ Mo./Yr.	to _____ Mo./Yr.	_____ District or Employer	_____ Position/Subject/Grade
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_____ % of Contract	_____ Your Reason for Leaving
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Other Professional History - Optional

List in order of most recent employer

From _____ to _____
 Mo./Yr. Mo./Yr. District or Employer Position/Subject/Grade

 % of Contract Supervisor: Name and Address Title

 Telephone # Your Reason for Leaving

From _____ to _____
 Mo./Yr. Mo./Yr. District or Employer Position/Subject/Grade

 % of Contract Supervisor: Name and Address Title

 Telephone # Reason for Leaving

DPI License and Other Certification

<u>Discipline/Grade Level:</u>	<u>Date Issued or Applied For:</u>	<u>Expiration Date:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*Wisconsin State Certification or proof of application must be received in Central Office prior to employment.

Sign your name here. Your signature affirms all the information on this application is true to the best of your knowledge.

I agree any false statements, misstatements or omissions may lead to rejection of this application and/or dismissal.

 Signature

 Date

Only complete applications will be considered.