

**SCHOOL DISTRICT OF FORT ATKINSON**

201 Park Street  
Fort Atkinson WI 53538-2155  
920/563-7802

**APPLICANT DATA**

Name \_\_\_\_\_ AC/Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

**CERTIFICATION INFORMATION**

Do you hold a current Wisconsin teaching license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list area(s) below. **IMPORTANT! ATTACH A COPY TO THIS APPLICATION.**

\_\_\_\_\_  
\_\_\_\_\_

If no, please check one:  I am eligible to hold a Wisconsin teaching license.  
 I am seeking a non-educational degree certificate.

If you are seeking non-educational degree certificate, please contact the Instructional Services Office for District procedures.

**UNIVERSITY INFORMATION**

College/University Degree/Major Dates Attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (District or Employer)**

Dates Starting/Ending District/Employer Position/Subject Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBSTITUTE TEACHING AVAILABILITY/PREFERENCES**

Check all times for which you would be available:

\_\_\_\_\_ Full days \_\_\_\_\_ Short-term substitute teaching  
\_\_\_\_\_ Mornings only \_\_\_\_\_ Three weeks or more  
\_\_\_\_\_ Afternoons only \_\_\_\_\_ Full-time emergency substitute teaching

Specify the days of the week you are available:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Specify grades/subjects you prefer to teach \_\_\_\_\_

Specify area(s) you prefer NOT to teach \_\_\_\_\_

**REFERENCE INFORMATION**

Please list two references:

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, Please explain: \_\_\_\_\_

(\*Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.)

Please read, sign, and date the following statements:

I certify that I have read this application form and that all answers to questions in this application are true and complete to the best of my knowledge, and I agree that any misstatements or omissions of material fact may disqualify me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize the District to conduct work history, personal reference, or police record inquiries to determine my acceptability for employment. Furthermore, I release all parties from liability for any damage that may result from furnishing same to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return **all** of the following items to:

Director of Instructional Services  
SCHOOL DISTRICT OF FORT ATKINSON  
201 Park Street  
Fort Atkinson WI 53538-2155

1. Completed application form
2. Copy of current teaching license
3. Personnel Information Card
4. Copy of current tuberculosis certificate
5. Statement briefly describing the teacher who most influenced your life, and indicate the qualities that caused you to specify this teacher.

The School District of Fort Atkinson is an equal opportunity employer. The District does not discriminate on the basis of age, race, color, national origin, gender, religion, or disability, in accordance with Federal law. In accordance with State law, the District does not discriminate in employment practices on the basis of age, race, religion, creed, color, handicap, marital status, gender, national origin, ancestry, genetic information, sexual orientation, arrest record or conviction record, or sexual orientation, or membership in the national guard, state defense force, or any other reserve component of the military forces of the United States.