

KIEL AREA SCHOOL DISTRICT
Kiel, Wisconsin
TEACHING APPLICATION

Please fill out completely and accurately and return to Dr. Louise Blankenheim, District Administrator, Kiel Area School District, P.O. Box 201, Kiel, Wisconsin 53042.

Legal Name _____ Date _____

Full Address _____

Telephone Number _____ Cell Phone Number _____

Email Address _____

Present Salary _____ Salary range you would consider _____

Present Position _____ City _____

Are you under contract? _____ Expiration date of contract _____

If under contract, when can you be released? _____

REFERENCES: List two professional and one character reference including present supervisor or district administrator.

Name	Official Position	Present Address	Phone Number

EDUCATIONAL HISTORY:

High School _____ Location _____ Date of Graduation _____

College or University Training (List most recent first)

College/University	Location	Minor	Major	G.P.A.	Degree Earned/Year	Years Attended

Specialized Training: Please list any seminars or institutes you have attended.

Topic	Sponsor	Dates Attended

NOTE: Please have a copy of your credentials forwarded to Dr. Louise Blankenheim, District Administrator, Kiel Area School District, P.O. Box 201, Kiel, Wisconsin 53042. An official transcript of all undergraduate and graduate college work and a current license must be placed on file in the District Office at the time of employment. It is the responsibility of the applicant to supply this information.

PROFESSIONAL/EDUCATIONAL EXPERIENCE
(List Most Recent First)

Dates (m/y) From To		District	Grade Level or Subject	Position	Under Contract or Student Teaching	Reason for Leaving

Reference: _____
Name Title Work Number Cell Number

Dates (m/y) From To		District	Grade Level or Subject	Position	Under Contract or Student Teaching	Reason for Leaving

Reference: _____
Name Title Work Number Cell Number

Dates (m/y) From To		District	Grade Level or Subject	Position	Under Contract or Student Teaching	Reason for Leaving

Reference: _____
Name Title Work Number Cell Number

Dates (m/y) From To		District	Grade Level or Subject	Position	Under Contract or Student Teaching	Reason for Leaving

Reference: _____
Name Title Work Number Cell Number

TEACHER/ADMINISTRATIVE CERTIFICATION

Grade/Subject	State Issuing License	Expires (Mo/Yr)	DPI File Number

OTHER WORK EXPERIENCE (List Most Recent First)

Dates (m/y) From To	Name of Organization	Location		Kind of Work	Supervisor's Name and Phone Number	Reason for Leaving
		City	State			

The Kiel Area School District is an equal opportunity employer and does not discriminate against applicants on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap.

**SUPPLEMENTAL INFORMATION
PERSONAL STATEMENT**

Please list previous addresses you have lived at during the past five years:_____

Have you ever been convicted of any misdemeanor or felony, or convicted of violating any other law including ordinances and traffic regulations? Yes____ No ____ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency:_____

Are there any charges of any kind pending against you? Yes____ No ____ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency:_____

Applicant Agreement – Authorization to release information:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My signature on this form authorizes the Kiel Area School District to act as my agent in obtaining information from any person or company concerning myself, without liability to such person or company, or to the Kiel Area School District. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that this application is not intended to be a contract of employment.

I also understand that the Kiel Area School District will complete a background check on all applicants including a criminal records check through the Wisconsin Crime Information Bureau and that the school district will review the background check results before I am selected for a position. My signature on this form indicates that I consent to the School District conducting a background check. I am also aware that information regarding my date of birth, social security number, middle initial, sex, race and maiden name is required solely for the purpose of confirming my identity for the background check and the WI Crime Information Bureau. My social security number will not be used for any purpose other than identification and will be considered confidential.

Date of Birth_____ Sex_____ Race_____ Middle Name_____
Maiden Name_____ Social Security Number_____

Signature of Applicant

Date