

RETURN TO: School District of Lomira
 1030 Fourth Street
 PO Box 919
 Lomira, WI 53048
 (920)269-4396
 (920)269-4996 FAX

THE SCHOOL DISTRICT OF LOMIRA IS
 AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name: _____ Social Security # _____
(Last) (First) (Middle)
 Present Address: _____ Home Phone # _____
(Street, P.O. Box)
 _____ Work Phone# _____
(City) (State) (Zip)
 Email Address: _____ Cell Phone # _____

Position for which you are applying: _____
 Are you currently under contract: _____ If so, explain _____

Date available for employment in this school district _____
 Have you previously filed an application with this school district? _____ If so, on what date? _____

EDUCATIONAL PREPARATION AND TRAINING

High School _____ Location _____
 Date of Graduation _____
 College or University Education (Most recent first)

Name and Location of School	Dates Attended Mo./Yr.-Mo./Yr.	Degree	Grade Pt. Ave. Scale	Major(s)	Minor(s)

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

D.P.I. CERTIFICATION

Code	Content	Gr. Level

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

College: _____

High School: _____

EXPERIENCE

(Attach a sheet if more space is needed for professional experience)

STUDENT TEACHING OR PRACTICUM EXPERIENCE:

<i>Dates (Mo/Yr) From-To</i>	<i>District</i>	<i>Grade/Subject Taught</i>

REFERENCE:

Cooperating Teacher

School Address

Telephone

Other Work Experience (List Most Recent First)

<i>Dates (Mo/Yr) From-To</i>	<i>Name of Organization</i>	<i>Location City State</i>	<i>Kind Of Work</i>	<i>Reason for leaving</i>

EXPLAIN ANY ADDITIONAL EXPERIENCES, TALENTS OR SKILLS THAT YOU POSSESS WHICH WOULD BE APPLICABLE FOR THE POSITION WHICH YOU ARE APPLYING:

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 Lomira 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 Lomira any information they may have regarding me. In consideration of the school district reviewing this application, I hereby release the district and 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)

(Date)