SCHOOL DISTRICT OF GREEN LAKE

612 MILL STREET/PO BOX 369 GREEN LAKE, WI 54941

PHONE; (920-294-6411 FAX: (920)294-6589

MISSION STATEMENT

The school District of Green Lake will create an environment for all students to reach their full potential. In partnership with student s, family and the community, we will provide a safe atmosphere that will encourage mutual respect and enthusiasm for learning through personal attention, integrated learning activities, and a challenging curriculum that reaches beyond the classroom.

TEACHER APPLICATION In order for an application to be considered complete, the following components must be submitted: Letter of application Current resume' Completed application form 3 Letters of recommendation Copy of current license (A copy of the application if this is the first license.) Copy of college transcripts (Originals may be requested if you are hired.) The School District of Green Lake is an equal opportunity employer and does not discriminate on the basis of race, sex, religion, handicap, national origin, creed, color, or political affiliation. Name: _____ Present Address: Phone: Permanent Address: _____ Phone: _____

Position you are applying for:

Certification:				
License/Permit	Code	State	Expires	
Education.		•	·	•
Education: School Location	Major	Minor	Degree	Year
Consor Essation	- Inajor		Dogico	- I oui
Work Experience:				
Work Experience: Employer	Dates Employe	ed Rea	son for Lea	ving
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	ntact:Ye	es	No	ving
Are you currently under co	ntact:Ye	es	No	

References: Please list three references that we may contact.

Contact Name	Contact Phone	Contact Address:
1.	Home	
	Work	
2.	Home	
	Work	
3,	Home	
	Work	

Have	you ever been non-renewed or laid off?	Yes	No
Has y	our license ever been suspended or revoked?	Yes	No
Have	you ever been convicted of a felony?	Yes	No
If you	answered yes to any of the above questions, pleas	se explain:	
Pleas	ollowing questions are a very important part of e reflect upon them carefully and give us your ders may be in your own handwriting or you may ssor.	candid respo	u .
1.	What are your three most important reasons for w	anting to be a	teacher?
2.	How much do you want to know about your student helpful to them?	nts in order to	be most
3.	What three things do you most want to know abou	ıt your studen	ts?
4.	How do you design an overall lesson for your clas	s?	
5.	What four key components do you believe you mu	ıst include in y	our plan?
6.	When you think about your students, in what majo want to influence their lives?	or ways do you	u most
7.	What two teaching strategies do you most use to a	achieve this re	esult?

My signature below indicates that all statements made on this application are true and complete to the best of my knowledge. If employed by this school district, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.

Applicant Signature:
Date:
Please return all application materials to : Administrative Assistant 612 Mill Street/PO Box 369 Green Lake, WI 54941
Any offers of employment are contingent upon proper state certification, successful completion of the required state physical examination, driving records, credential and criminal background check.
RECORD CHECK AUTHORIZATION I, the undersigned, give my permission for the School District of Green Lake to conduct a criminal history check. I understand that a criminal record does not constitute an automatic bar to employment and that it will only be considered as it relates to the position for which I have applied. I understand that in addition to the state criminal history check, local area law enforcement agencies may be contacted for information.
also give permission for the school district to conduct a check of my driver's record and teaching/educational credentials.
Both authorizations expire thirty calendar days after the date listed below:
Applicant's Signature:
Please print name:
Date:
Social Security Number:
Driver License Number:
Date of Birth:
s there anything in your background that you want to make us aware of?