

School District of West Salem

APPLICATION

District Office ❖ 405 East Hamlin Street, West Salem, Wisconsin ❖ (608) 786-0700

PERSONAL DATA

Date of Application _____ Name _____

Address _____
(Street Address) (City) (State) (Zip)

Cell Phone No. _____ Home Phone No. _____

E-mail Address _____

Permanent Posted Position _____

Substitute Volunteer Chaperone Check all that apply in each section

Elementary School Middle School High School

___ Teacher (area preferred) _____

___ LMC Assistant _____ Custodian _____ Bus Driver _____

___ Regular Education Paraprofessional _____ Secretary _____ Van Driver _____

___ Special Education Paraprofessional _____ Health Assistant _____ Vehicle Paraprofessional _____

___ Kitchen _____ Other _____

Valid DPI License (list areas) _____

Other Certification(s)/License(s) _____

Special Skills _____

****PLEASE ATTACH A COPY OF CERTIFICATION(S)/LICENSE(S)**

REFERENCES

Name	Title	Company Name	Telephone
1.			
2.			
3.			
4.			

EDUCATIONAL PREPARATION AND TRAINING

High School _____

High School Diploma/GED (yes/no) _____

City / State _____

Name & Location	Dates Attended	Degree/Type of Training

WORK and/or RELATED EDUCATION EXPERIENCE (List most recent first)

Date From/To	Name of Employer	Location	Type of Work/Duties	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

PERSONAL STATEMENT

Explain why you are applying for this position and include any experience or talent which in your estimation contributes to your qualification for this position. Limit your response to the space provided.

Signature

Date