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 Coach	<	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	Fitness Center	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.