

# EMPLOYMENT APPLICATION

Note: Pending charges are not an automatic bar to employment, but are reviewed in relation to the job for which you applied. Failure to report all convictions and/or pending charges as specified on this application may result in rejection of your application or discharge from employment.

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13. Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No If yes, please explain fully.

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14. **EDUCATIONAL AND PROFESSIONAL TRAINING:** List higher education institutions attended and other appropriate training in chronological order. *Official transcripts for all coursework taken at the undergraduate and graduate level may be requested.*

Name and Location of Institution	FROM MO/YR	TO MO/YR	Graduated MO/YR	DEGREE	MAJOR	MINOR

15. **WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION LICENSE:**

Do you hold a Wisconsin Department of Public Instruction license/certificate/permit? ☐ Yes ☐ No

Type of License/Certificate/Permit (be specific) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you hold a license or certificate from a state other than Wisconsin? ☐ Yes, please attach a copy ☐ No

Type of License/Certificate/Permit (be specific) \_\_\_\_\_ Expiration Date \_\_\_\_\_

16. **PROFESSIONAL REFERENCES:** List references that may provide information about your training/experience.

NAME	POSITION	ADDRESS	ZIP CODE	TELEPHONE

*If you are registered with a placement office, please request that your updated credential file be mailed to us.*

**17. SCHOOL-BASED EXPERIENCE:** List only full-time experience. Do not list part-time or student teaching experience.

FROM mo/yr	TO mo/yr	SCHOOL	ADDRESS	ZIP CODE	TELEPHONE	GRADE/ SUBJECT	REASON for LEAVING

Present placement on salary scale: \_\_\_\_\_ years, \_\_\_\_\_ degrees/credits

Annual salary in present (or most recent) position: \_\_\_\_\_

**18. SUPPLEMENTARY INFORMATION:** Please check the areas in which you had significant experience or training:

- |   |  |
|---|--|
| <input type="checkbox"/> DAILY FIVE & CAFE  | <input type="checkbox"/> ESL                           |
| <input type="checkbox"/> EVERYDAY MATHEMATICS CURRICULUM                              | <input type="checkbox"/> OPEN COURT READING CURRICULUM |
| <input type="checkbox"/> WHOLE LANGUAGE INSTRUCTION                                   | <input type="checkbox"/> RtI                           |
| <input type="checkbox"/> PHONICS-BASED READING PROGRAMS                               | <input type="checkbox"/> DIFFERENTIATION               |
| <input type="checkbox"/> THE WRITING PROCESS  | <input type="checkbox"/> MULTIAGE/LOOPING CLASSROOMS   |
| <input type="checkbox"/> COOPERATIVE LEARNING   | <input type="checkbox"/> TEAM TEACHING                 |
| <input type="checkbox"/> PERFORMANCE-BASED ASSESSMENTS                                | <input type="checkbox"/> CURRICULUM DEVELOPMENT        |
| <input type="checkbox"/> STUDENT PORTFOLIOS   | <input type="checkbox"/> PEER MENTORING                |
| <input type="checkbox"/> SPECIAL EDUCATION  | <input type="checkbox"/> CHARACTER EDUCATION           |
| <input type="checkbox"/> INCLUSION  | <input type="checkbox"/> STUDENT TEACHER ADVISING      |
| <input type="checkbox"/> USING COMPUTERS AND OTHER MULTI-MEDIA TOOLS IN THE CLASSROOM |  |
| <input type="checkbox"/> CONDUCTING PROFESSIONAL DEVELOPMENT WORKSHOPS                |  |
| <input type="checkbox"/> TECHNOLOGY INTEGRATION                                       |  |
| <input type="checkbox"/> OTHER _____  |  |
| _____   |  |
| _____   |  |

**19. MILITARY SERVICE:**

BRANCH OF SERVICE	NO. OF MONTHS	FROM mo/yr	TO mo/yr	TYPE OF DISCHARGE	HIGHEST RANK

**20. NON-TEACHING WORK EXPERIENCE:**

FROM mo/yr	TO mo/yr	PLACE OF WORK	ADDRESS	ZIP CODE	TELEPHONE	TYPE OF JOB	REASON for LEAVING

**21. OTHER RELEVANT ACTIVITIES AND MEMBERSHIPS:** Please list the organizations and dates of your participation and/or membership.

ORGANIZATION	ACTIVITY	DATES OF PARTICIPATION

Do you speak a language other than English? ⑥ Yes ⑥ No

If yes, please list languages and degree of fluency: \_\_\_\_\_

\_\_\_\_\_

Which extracurricular activities would you be interested in organizing (if any)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Explain why you are applying for a position with the Central City Cyberschool of Milwaukee. Include in your explanation how your experience, education, or extra curricular contributions have qualified you for this position. (Attach additional pages if necessary.)

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.

I authorize the Governing Board of the Central City Cyberschool of Milwaukee (Cyberschool) to make any inquiry of or receive information from any person or organization regarding my suitability for employment; and do hereby give permission to these persons or organizations to provide such information. Such inquiries may include and not be limited by enumeration to the quality and quantity of my work, work history and record, character, qualifications, records or convictions, and medical records. For and in consideration of the release of such information, I hereby forever waive, release, and covenant not to sue any person or organization including the Cyberschool, its agents and employees for the result of providing, obtaining, or acting upon such information.

I also certify that all statements made on this application are true and complete, accurate, and not misleading to the best of my knowledge and belief. I understand that any false statements, incomplete statements, or misinterpretations of facts called for appearing on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, may result in immediate dismissal at the Cyberschool's sole discretion.

A copy of this authorization shall be effective as the original.

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Signature

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Date

*Thank you for completing this application form and for your interest in the Cyberschool. Please send this application to:*  
[cfaltz@cyberschool-milwaukee.org](mailto:cfaltz@cyberschool-milwaukee.org) OR Central City Cyberschool of Milwaukee, 4301 North 44<sup>th</sup> Street, Milwaukee, WI 53216,  
Attention: Dr. Christine Faltz, Executive Director. For further information, please call (414) 444-2330, fax (414) 444-2435, or Email:  
[cfaltz@cyberschool-milwaukee.org](mailto:cfaltz@cyberschool-milwaukee.org).