

Cameron School District

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*The School District of Cameron
does not discriminate on the
basis of race, color, national
origin, age, gender, or disability.*

APPLICATION FOR EMPLOYMENT INSTRUCTIONAL STAFF

Please complete and mail back to the District Office, with supplementary materials.

I. PERSONAL INFORMATION

Date of Application: _____

Position Applying For: _____

Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Alternate Telephone: _____

E-Mail Address: _____

Date Available for Employment: _____

Are you presently under contract with another school district? _____

If yes, explain: _____

Have you previously applied to teach in Cameron? _____

If yes, what position: _____

II. EDUCATIONAL TRAINING AND PREPARATION

Degree	College/University Attended	Graduation Date
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A.

B.

C.

III. CERTIFICATION(S)

	Area of Certification Subject/Grades	State Issuing License	Expiration Date	Wisconsin DPI Code Number
A.				
B.				
C.				

IV. EXPERIENCE (Most recent should be listed first)

	School District & Address	Dates (Mo/Yr) From/To	Grades/Subject Taught	Supervisor/ Telephone #
A.				
B.				
C.				

V. RESPONSE ITEMS – Please respond to each of the following questions.

- a. Why did you aspire to be a teacher?
- b. Briefly state your philosophy of education.
- c. The School District has a planning model which incorporates ideas from staff members, the Board of Education and the community. We use a team approach in addressing many aspects of our workload. What is your experience in working in a team setting?

- d. Part of the role of a teacher is that of being an example for students. How do you feel about this role?
- e. Tell us about your ideas of working with parents.
- f. What do you see as your strengths as a teacher? What do you like most about teaching?
- g. What are your aspirations for growth in your profession? List some activities you believe would benefit you and the district if you were given the opportunity to have a paid Professional Development Day.
- h. What are your long-range goals in education?

VI. CO-CURRICULAR ACTIVITIES AND ORGANIZATIONS

Please list below the extra-curricular activities for which you have experience or would be interested in working as a coach or advisor:

A.

B.

C.

VII. REFERENCES WITHIN THE PAST TEN YEARS

Name of Reference & Address	Dates (Mo/Yr) From/To	Relationship	Telephone Number
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A.

B.

C.

VIII. INFORMATION PERTAINING TO THE APPLICATION PROCESS

A. Your application is due on the date in the job notice for this position and will be considered complete when it includes the following items:

- ☐ A letter of application
- ☐ A resume of qualifications
- ☐ A completed application form
- ☐ A transcript of University Credits
- ☐ Letters of Recommendation
- ☐ A copy of a valid Wisconsin teaching license (or application for license)

B. Our initial screening will be based on the materials listed above. A copy of your University Credentials will be requested if you are selected to be interviewed. Your application materials will remain on file in the District for one year.

C. Do you have a relative currently working for the School District of Cameron in a supervisor's position? If yes, please indicate the name of the individual and your relationship to the person.

D. If you are recommended for employment, a criminal background check and a tuberculosis test must be completed before you will be hired.

E. 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. Initial:

F. I authorize the School District of Cameron to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or governmental agency to disclose to the School District of Cameron any information they may have regarding me. In consideration of the school district's review of this application, I hereby release the District as well as 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 of the Applicant: _____ Date: _____