

TEACHER APPLICATION – SUMMER SCHOOL 2017

Summer School 2017: June 19 through July 20, 2017
Twenty Days over a Five Week Calendar

RETURN THIS APPLICATION TO: Human Resources Office, 111 Dodge Street, Watertown, WI 53094 by 1/16/17

Name (Please Print) _____ Date _____

Address _____ City _____ State _____ Zipcode _____

Landline Phone Number _____ Cell Phone Number _____

Email _____

Teachers Currently Employed by Watertown School District:

Building Assignment: _____ Grade/Subjects: _____

Teachers NOT Currently Employed by Watertown:

Current Employer: _____ Grade/Subjects: _____

Did you teach Summer School 2016 in Watertown? Yes No

If Yes, how many years have you taught Summer School in Watertown? _____

If Yes, what class(es) did you teach in Summer School 2016?

I am interested in teaching the following summer school courses:

Choice #1 _____

Choice #2 _____

Do you prefer to work: Morning (until 11:30) Afternoon Full Day (until 2:30)

Please check position you are interested in: Daily Teacher for Entire Summer Session
Substitute Teacher ONLY

Number of full years of previous teaching experience: _____

Please list all areas of DPI certification:

Have you had CPR training within the last year? No Yes – Date _____

Have you had First Aid training within the last 3 years? No Yes – Date _____

SIGNATURE _____

Office Use Only:
