

2012 SUMMER SCHOOL TEACHING APPLICATION

***Summer School 2012 Dates: June 20 through July 18, 2012 (No School on July 4th)**
For teachers and substitute teachers **currently employed** by the Watertown Unified School District

Name (Please Print) _____ Date _____
Street Address _____ Social Security Number _____
City, State and Zip _____ Phone Number _____
Email _____ Cell Phone Number _____

Did you work for Summer School 2011? Yes No How many years have you taught Summer School? ____
What class(es) did you teach in Summer School 2011? _____
Do you want to work: Morning (until 11:30) Afternoon Full Day (until 2:30)

Please check position(s) you are interested in: Teaching
 Substitute teaching ONLY

Number of full years teaching experience with Watertown Unified School District _____

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

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

I am certified by the Wisconsin Department of Public Instruction as follows: (Please list all areas of certification)

I am interested in teaching the following Summer School courses:

Course Title

Choice #1 _____

Choice #2 _____

Courses you have taught in previous summer schools:

<u>Course Title</u>	<u>Year</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____

I am currently employed by the Watertown Unified School District as _____
(Position)

SIGNATURE _____

RETURN THIS APPLICATION TO: Human Resources Office, 111 Dodge Street, Watertown, WI 53094