

CESA 7 TEACHER DEVELOPMENT CENTER ALTERNATIVE LICENSURE PROGRAM APPLICATION FORM

SEND COMPLETED APPLICATION TO:

*CESA 7
595 Baeten Road
Green Bay, WI 54304
(920) 492-5960
FAX (920)-492-5965*

*IF YOU REQUIRE ACCOMMODATION FOR ANY HANDICAPPING OR
DISABLING CONDITION IN THE APPLICATION AND/OR INTERVIEW
PROCESS, PLEASE INFORM US.*

Each item on this application is important. Please read and complete carefully and accurately. A complete application consists of this form, and the other required documents listed on the last pages of this application form. **Resumes are not an acceptable substitute for completing this application. A non-refundable \$50.00 application fee payable to CESA 7 is required and must be submitted with the completed application.**

Today's date:

Full Legal Name: (Last, First, Middle)

Maiden Name:

Preferred First Name or Nickname:

Former Last Name(s) if any:

Date of Birth: Gender: Male Female

Are you a US Citizen? Yes No If no, then list country and
check if you are in the US with a visa or green card.

Permanent Home Address: (Number and Street)
City or town: County: State: Zip Code:

Time period of residing: From: To: (date)

Previous Home Address: (Number and Street)
City or town: County: State: Zip Code:

Time period of residing: From: To: (date)

Home phone number with area code: Cell Phone with area code:

Work Phone with area code: Fax Number with area code:

E-mail home:

E-mail work:

The CESA 7 TEACHER DEVELOPMENT CENTER does not discriminate on the basis of age, sex, race, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability or handicap in its programs, activities or employment.

School District where you are employed:

School Name:

Supervisor's name and phone number:

Mentor's Name and phone number:

Description of specific teaching assignment and grade level:

Have you ever been convicted of a felony? Yes No If yes, please explain (A criminal record does not constitute an automatic bar to enrollment, and will be considered only if the circumstances of the conviction relate to the circumstances of the particular position in question.)

Have you ever entered a plea of nolo contendere or no contest to any charges other than a minor traffic violation (this includes municipal violations as well as felony criminal acts). Yes No If yes, please explain:

Please notify Pam Racine at the *CESA 7 TEACHER DEVELOPMENT CENTER* if your address, phone number, email, employment or name changes (Phone: 920-617-5611; email: pracine@cesa7.k12.wi.us).

Please check all areas where licensing is being sought:

ELL

Bilingual

Cross Categorical Special Education with emphasis in _____ (List disability area)

Art

Music

Mathematics

Science

Business Education

Foreign Language List language: _____

Computer Science

Other Describe _____

Please describe the age range and/or grade levels that you want to be certified to teach:

Age Range: _____

Grade Level(s): _____

EDUCATION AND TRAINING

High School, College, University (*Most Recent First*)

Name of School	Location	Dates Attended
Major	Minor	Degree
Name of School	Location	Dates Attended
Major	Minor	Degree
Name of School	Location	Dates Attended
Major	Minor	Degree
Name of School	Location	Dates Attended
Major	Minor	Degree

Number of Graduate Credits Beyond
Bachelor's Degree:

Number of Graduate Credits Beyond
Master's Degree:



EMPLOYMENT EXPERIENCE

Employer:

From: To:

Telephone Number:

Street Address:

City:

State:

ZIP:

Position:

Supervisor's Name:

Supervisor's Title:

Reason for Leaving:

Employer:

From: To:

Telephone Number:

Street Address:

City:

State:

ZIP:

Position:

Supervisor's Name:

Supervisor's Title:

Reason for Leaving:

Employer:

From: To:

Telephone Number:

Street Address:

City:

State:

ZIP:

Position:

Supervisor's Name:

Supervisor's Title:

Reason for Leaving:

Directions: Please answer each of the following questions as best you can.

1. What are your three most important reasons for wanting to be a teacher?
2. What, in your opinion, are the key characteristics that teachers must possess? Briefly support your opinion.
3. What experiences have you had which you believe will be beneficial for you as you enter the teaching position?
4. How much do you want to know about your students in order to be the most helpful to them?
5. How important is it for students to feel success with their learning? Why?

REFERENCES

For reference and background checking purposes only, please complete the following information.

Social Security Number:

Driver's License Number:

May we contact your current supervisor and any references or individuals associated with your current employer?

Check One: Yes No

If no, please indicate why.

Please include supervisors and others who have evaluated your job performance. Home phone numbers assist us in making timely reference checks.

Name:

Position:

Address:

Home Phone:

Work Phone:

Name:

Position:

Address:

Home Phone:

Work Phone:

Name:

Position:

Address:

Home Phone:

Work Phone:

Name:

Position:

Address:

Home Phone:

Work Phone:

CERTIFICATION OF TRUTHFULNESS

All information provided by me in support of my application for enrollment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for program dismissal if I am accepted into the Teacher Alternative Licensure Program.

Candidate Signature:

Date:

The CESA 7 TEACHER DEVELOPMENT CENTER does not discriminate on the basis of age, sex, race, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability or handicap in its programs, activities or employment.

AUTHORIZATION AND RELEASE

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents, and any person contacted as a reference to release any and all information concerning my former employment to CESA 7, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of The Teacher Development Center Alternative Licensure Program. I understand that this information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for enrollment in the Teacher Development Center (TDC) Program. In addition, I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents, and any person contacted as a reference from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining enrollment in the TDC Program with the officer or agent disclosing such facts which are known to be untrue.

Candidate Signature:

Date:

Other Required Application Materials to be sent with application:

- A resume and three letters of reference.
- A copy of an emergency teaching license and copies of any other licenses held.
- Proof of a Bachelor's Degree in engineering, music, art, foreign language, computer science, math, science,

education from an accredited institution of higher education.

- An official copy of transcripts from degree granting university (sealed or stamped) with at least a 2.75 GPA on a 4.0 scale. (Undergraduate major GPA of 2.75 may be appealed if you have a GPA of 2.75 or greater in your major, graduate work showing a higher GPA or other more recent evidence of likely success in the program).
- Successful completion of a background/criminal check.
- *Record of Passing the Praxis I (PPST).
- Validation of School District employment (letter from school district or copy of contract).

***Certified teachers seeking ELL/Bilingual or special education certification added to their license are exempt from the Praxis I exam. Teachers applying for teaching licenses in Wisconsin who complete professional education programs after August 31, 1992 at colleges and universities located in other states, are required to submit to the Department of Public Instruction passing scores on the Praxis I: PPST or on equivalent basic skills tests required by their professional education programs or states.**