



**WI DEPARTMENT OF PUBLIC INSTRUCTION
 EDUCATOR LICENSING
 P.O. BOX 7841
 MADISON, WI 53707-7841**

Phone Number: (800) 266-1027 or (608) 266-1027

Website: dpi.wi.gov/tepd

This form is available at dpi.wi.gov/tepd/applications.html

To the Applicant: Complete Section I (print or type) and then send to your employer (District Administrator or Personnel Director) for completion of Sections II and III.

To the Employer: Please complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Mail the completed form to: **DPI—Educator Licensing, P.O. Box 7841, Madison, WI 53707-7841.**

I. APPLICANT INFORMATION

Name <i>Last, First, Middle, (Other/Previous)</i>	Social Security Number*
---	-------------------------

Name of Employing School District / Agency	Location of Employment <i>School(s), City, State</i>
--	--

II. EMPLOYMENT HISTORY

Dates (MM/YY)		Position Detail			
From	To	Position Held	Type of Teacher	If Teacher	
				Grades Taught	Subjects Taught
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		

III. EMPLOYER VERIFICATION

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the education employment listed above was successful.

Exceptions, Limitations or Other Comments

Name of School District or Employer

Street	City, State, Zip Code
--------	-----------------------

Signature of Employer ➤	Date Signed
--------------------------------	-------------

Title	Employer Telephone <i>Area Code/No.</i>
-------	---

* Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.