



This form is available at tepd.dpi.wi.gov/licensing/supplementary-forms

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. After it has been returned to you, scan and upload when applying for a license using ELO.

To the Employer: 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. Return the completed form to the applicant.

I. APPLICANT INFORMATION

Name <i>Last, First, Middle, (Other/Previous)</i>	Social Security Number <i>Last 4 Digits Only</i>
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Name of Employing School District / Agency	Location of Employment <i>School(s), City, State</i>
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II. EMPLOYMENT HISTORY

Dates (MM/YY)		Position Detail	Teacher Information		
From	To	Position Held	Type of 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
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Street	City, State, Zip Code
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Name <i>Type or Print Legibly</i>	Email Address
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Title	Employer Telephone <i>Area Code/No.</i>
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Signature of Employer	Date Signed <i>Mo./Day/Yr.</i>
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