

<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Teacher Aide
<input type="checkbox"/> Clerical
<input type="checkbox"/> Custodian
<input type="checkbox"/> Substitute aide
<input type="checkbox"/> Sub. Teacher
Other _____

Washington Island School
888 Main Rd.
Washington Island, WI 54246

Name: _____
Last First Middle

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip** _____

When available: _____

1. Education: (High School, College, University, Tech School)

<u>Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Program</u>	<u>Degree</u>

2. Experience: (Additional sheets may be attached)

3. References: (include phone number)

4. License held: (if appropriate) _____

I certify that the information given on this application is correct.

Signature: _____ **Date:** _____

Please return to Administration Office, Washington Island School.
Washington Island School is an equal opportunity employer.