__Bus Driver
__Teacher Aide
__Clerical
__Custodian
__Substitute aide
__Sub. Teacher
Other_____

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

Name:_____
Last First Middle

Address:_____**Phone:**_____

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

When avaliable:_____

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

Institution Location Dates Program Degree____

_____

_____

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.