



**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](http://dpi.wi.gov/tepd)

This form is available at [dpi.wi.gov/tepd/applications.html](http://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*
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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			
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
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Signature of Employer  ➤	Date Signed
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Title	Employer Telephone <i>Area Code/No.</i>
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\* 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.