



INTERNATIONAL SPANISH LANGUAGE ACADEMY

International Spanish Language Academy
Teacher Application Form
12007 Excelsior Boulevard, Minnetonka, MN 55343
(952) 746-6020

GRADE LEVEL PREFERENCE (Check all that you are willing and qualified to teach)

- Kindergarten, Substitute, First, Fourth, Second, Fifth, Third, Sixth

How did you learn about this position/school?

- Friend, Website, Other, Newspaper Ad, Which Newspaper?, College or university posting, Which College or university?

I. PERSONAL INFORMATION:

- 1. NAME: (First Name), (Middle Name), (Last Name)
2. ADDRESS: CITY: STATE: ZIP CODE:
3. CONTACT NUMBERS: Day Phone #: Evening #: Cell phone #: E-mail address:
4. DATE OF BIRTH: SSN NUMBER:
5. Are you either a United States citizen or legally eligible for employment in the United States? Yes No
6. List all other names under which you have been employed or which your education records may be found:
7. Your Teacher's Retirement Association Number, if known:

II. TEACHING LICENSE(S):

- 1. Do you hold a valid Minnesota elementary teacher's license to teach? Yes No If the answer is no, please explain: If the answer is yes, what is the MN File Folder No:

2. Give information below regarding your license(s):

Table with 4 columns: License or Certification, State, Date Received, Expiration Date

IV. TEACHING EXPERIENCE – list most recent first:

(Include student teaching if you have fewer than 24 months' experience)

School/Institution	Grade/Subjects taught		Notable experiences/achievements			
Address						
	Salary		Contract Full-time <input type="checkbox"/>	Contract Part-time <input type="checkbox"/>	Contract Substitute <input type="checkbox"/>	Day-to-day Substitute <input type="checkbox"/>
Telephone Number	Dates					
	From	To				
Supervisor/Principal			Reason for leaving			

School/Institution	Grade/Subjects taught		Notable experiences/achievements			
Address						
	Salary:		Contract Full-time <input type="checkbox"/>	Contract Part-time <input type="checkbox"/>	Contract Substitute <input type="checkbox"/>	Day-to-day Substitute <input type="checkbox"/>
Telephone number	Dates					
	From	To				
Supervisor/Principal			Reason for leaving			

School/Institution	Grades/Subjects taught		Notable experiences/achievements			
Address						
	Salary:		Contract Full-time <input type="checkbox"/>	Contract Part-time <input type="checkbox"/>	Contract Substitute <input type="checkbox"/>	Contract Day-to-day <input type="checkbox"/>
Telephone number	Dates					
	From	To				
Supervisor/Principal			Reason for leaving			

1. Are you currently employed? Yes No
- If yes, may we contact your present employer? Yes No

V. EDUCATIONAL AND PROFESSIONAL TRAINING:

School Attended	Name and Location	GPA	Major(s)	Minor(s)	Diploma or Degree
College or University					
College or University					
Graduate School					
Graduate School					
Other					

1. How many graduate credits do you have beyond your undergraduate degree?

___ None ___ BA+15 ___ BA+30 ___ BA+45 ___ BA+60 ___ BA+75 ___ BA+90

___ MA ___ MA+15 ___ MA+30 ___ MA+45 ___ MA+60 ___ MA+60

2. Please list any academic honors/awards you have received during college or after: _____

3. Please check the following categories in which you have specific training or expertise:

___ Cultural Awareness ___ Gifted/Talented Education ___ Second Language Learners

___ Classroom Management ___ Differentiated Instruction/Learning Styles ___ Responsive Classroom

___ IB Training ___ CARLA Institute's Immersion Training ___ Special Education/Remedial

___ Second Language Assessment ___ Instructional Teaming/Collaborative Classroom

4. For each category checked, describe the training and/or applied experience you have with each: _____

5. List extracurricular activities in which you have been involved and indicate your readiness to direct these, eg. yearbook, school newsletter, track and field: _____

6. Related professional activities: _____

VI. REFERENCES

1. _____
Name *Position* *Employer*

Work # *Work Address*

2. _____
Name *Position* *Employer*

Work # *Work Address*

3. _____
Name *Position* *Employer*

Work # *Work Address*

VII. CERTIFICATION AND ACKNOWLEDGEMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by International Spanish Language Academy.

In connection with this application, I hereby authorize any and all former employers and references named in this application, or any agent of such former employer, to release to International Spanish Language Academy, and its agents, any and all information regarding my job performance and fitness/qualifications to perform the position I am recently seeking and any other employment or related information, both public and private, in their possession. I understand International Spanish Language Academy will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below. I hereby release International Spanish Language Academy and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers, or references, for any and all liability, of whatever nature, by reason of requesting or providing such information.

Signature (Do Not Print)

Date