

For every instructor/ teacher the school employs, please complete the following form and submit it to EAB.

7. Personnel

Background of Instructors

To operate a school in Wisconsin, you need to complete and submit this form for each instructor employed by your school. Duplicate this form as needed.

All information regarding the instructor named on this form is subject to verification through contact with law enforcement and other governmental agencies, former employers and educational institutions.

1. School Name _____

2. Name of Instructor _____

Date employed in present position _____

Birthdate _____

Subject(s) taught _____

3. Postsecondary education of instructor:

Institution and Location	Major Field	Dates of Attendance mo/yr to mo/yr	Diploma or Degree Earned

4. Relevant employment of instructor:

Employer and Location	Position and Duties	Dates of Employment mo/yr to mo/yr

5. Other relevant experience

6. Has the instructor ever been licensed in any state as a teacher?

Yes No

If yes, list the states, types of licenses and dates of licensing.

7. Has the instructor ever had a teacher's license suspended or revoked?

Yes No

If yes, on a separate sheet provide complete details regarding each suspension or revocation.

8. Has the instructor ever been found guilty of, pleaded no contest to or agreed to forfeit bail for any public offense except minor traffic offenses?

Yes No

If yes, on a separate sheet, provide complete details about each offense including the charge, date of conviction and court of record.

Print or type Name and Title.

I hereby certify the information contained on this form and any attachments to the form is true and correct to the best of my knowledge.

Signature of instructor or school official _____

Title of person signing form _____

Date _____

