

Center _____



WILDD

Wisconsin Institute for Learning Disabilities/Dyslexia Inc.

Employee Application

We are pleased that you are interested in employment with us. We offer equal opportunity employment to all persons. Answer all questions honestly and completely. A background check will be completed on all applicants. Please include your resume and one letter of recommendation with your completed and signed application.

Mr. Mrs. Miss Ms. First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of years at this address: ____ If less than five years, previous address: _____

Day Phone: () _____ Evening Phone: () _____

Cell: () _____ Other: () _____

Primary Email Address: _____ Secondary Email Address: _____

Are you a United States Citizen? Yes No

Do you have a legal right to work in the United States? Yes No

If not a US citizen, please provide proof that you can be legally employed in the US:

(INS Forms 1-15, I-94, I-551, etc.) A # _____ *Proof of identity and authorization to work in the US will be required upon submission of this application.*

Is English your primary language? Yes No If no, name primary language: _____

Other languages: _____

Have you ever been convicted of a felony? Yes No *Conviction will not necessarily disqualify you from employment consideration.*

If yes, explain number of convictions, nature of offense leading to conviction, how recently such offense was committed, sentence imposed, and types of rehabilitations:

Current Occupation: _____ Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Academic History

Indicate the Highest Level Education	Name of School	Location	Years Completed	Major & Degree Earned
High School				
Associate degree				
Technical or Trade School				
Bachelors degree				
Masters degree				
Doctorate degree				
Other				

Other coursework:

Orton-Gillingham Experience:

Do you have any experience working with individuals with learning disabilities or other conditions?

Yes No If yes, explain:

Are you willing to receive training and certification in Orton-Gillingham? Yes No

Do you have any training in or experience using Orton-Gillingham? Yes No If yes:

Principal Trainer: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Date program completed: _____

Approx. number of hours completed: _____ Approx. number of students: _____ Age(s) of students: _____

Describe other multi-sensory training and experiences. Please include principal trainer, institution, address, dates, total hours, classroom hours, practicum hours, ages taught, and practicum supervision(s), as applicable.

Describe any related conferences/workshops/courses you have attended or presentations you have given.

If employed with us, you will be trained in a specific method used to teach adults and children to read and spell. Occasionally, we have clients who need assistance in other academic areas. Please check any other skill areas you feel confident instructing.

Mathematics:

- Basic Math
- Algebra
- Geometry
- Calculus
- Trigonometry
- Other _____
- Elementary school level
- Middle school level
- High school level
- Postsecondary level

Writing:

- Basic Writing Skills (grammar, punctuation, etc.)
- Written Expression (organization, genre, etc.)
- Other _____
- Elementary school level
- Middle school level
- High school level
- Postsecondary level

Computer Literacy:

- Basic Skills
- Intermediate Skills
- Advanced Skills

List any other areas you feel you can instruct (accounting, statistics, etc.)

I authorize the Wisconsin Institute for Learning Disabilities/ Dyslexia Inc. (WILDD) to check my statements, schools, former employers, and references. I certify all the information on this application to be true and agree that any misrepresentation or concealment of a material fact will be sufficient charge for dismissal.

Applicant Signature

Date