



**MILWAUKEE
PUBLIC SCHOOLS**

**OFFICE OF HUMAN RESOURCES
Employment Relations**
5225 West Vliet Street
P.O. Box 2181
Milwaukee, WI 53201-2181
Phone: (414) 475-8280
Fax: (414) 475-8380

APPLICATION FOR PARTICIPATION IN A CLINICAL EDUCATION, STUDENT TEACHING OR FIELD PLACEMENT PROGRAM
Return the completed application to the college or university program requesting placement.

The Milwaukee Public Schools is an Equal Opportunity Employer and Complies with the Provisions of the Americans with Disabilities Act (Please use black ink and use additional sheets of paper when necessary in answering.)

1. Print Name: _____ 2. Email and Phone: _____
Last First Middle Email Phone

3. Address _____
City State Zip

4. Social Security Number _____

5. Date of Birth: Month _____ Day _____ Year _____ 6. A. Race: _____ B. Sex: _____

7. Give any other names by which you have been known: _____

8. List the states in which you have lived (other than Wisconsin) and approximate dates:
State: _____ Dates: (From) _____ (to) _____
State: _____ Dates: (From) _____ (to) _____
State: _____ Dates: (From) _____ (to) _____

9. College or University presently attending: _____
College or University program requesting this placement: _____

10. Have you ever been dismissed or asked to resign for any position? Yes _____ No _____ If yes, please explain fully

AUTHORIZATION, RELEASE AND CERTIFICATION: I authorize the Milwaukee Board of School Directors (MPS), its agents and employees, to make an inquiry and receive any information from any person or organization regarding my suitability for assignment in an MPS Clinical Education or Field Placement Program. I authorize any persons or organizations to provide to MPS, its agents and employees, any information that may be requested. Such inquiries may include, but are not limited by reason of enumeration, inquiries regarding the quality and quantity of my work, my work history and work record, opinions regarding my character and qualifications, any criminal charges that may be pending against me, and my record of convictions. I agree that I will not request MPS, its agents or employees to release to me any information gathered because of this authorization. I hereby waive, release and discharge any person or organization, including MPS, its agents and employees, from any liability for any loss or damage or any claim for loss or damage that may arise from obtaining, releasing to third parties, or acting upon such information. Specifically, I covenant not to sue MPS, its agents and employees, for releasing any information obtained by virtue of this release to third parties which MPS in good faith, determined is a public record within the meaning of the Wisconsin Public Records Law, sec. 19.31 et seq. I give this waiver, release, and covenant not to sue for myself, my heirs, assigns, and successors, in interest fully understanding that the information obtained may disqualify me from participation in an MPS Clinical Education or Field Placement Program. I certify that, to the best of my knowledge, all statements made by me on this application are true, complete, accurate, and not misleading, or in any way misrepresented. I understand that any false, incomplete, inaccurate, or misleading statements or any misrepresentation may subject me to disqualification for or dismissal from an MPS Clinical Education or Field Placement Program. A copy of this authorization release and certification is as valid as the original.

Signed Date