

Valders Area School District
138 Wilson Street
Valders, Wisconsin 54245-9645
(920) 775-9500

Application for Substitute Teaching

Name: _____ Date of Application: _____

Permanent Address _____ Street _____ Present Address (if different) _____ Street _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Primary Telephone _____ / _____ Alternate Telephone _____ / _____

Email address _____

WI Teaching License Number (§118.19) and Expiration Date (*Ex: 45 Elem Teacher 300 English, exp 06/30/10*)

Please check all areas in which you are willing to sub.

Elementary (K-4) Middle School (5-8) High School Special Education

Are there any areas in which you are *not* willing sub? _____

EDUCATIONAL EXPERIENCES:

High School _____ *City, State* _____ *Year Graduated* _____ *GPA* _____

College/University _____ *City, State* _____ *Major/Minor* _____ *Graduation Year* _____ *GPA* _____

Activities (Please list both High School and College Activities.)

REFERENCES: (List three persons we might contact for references. These may be personal or professional.)

<i>Name</i>	<i>Occupation</i>	<i>Address</i>	<i>Phone Number</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

By signing this document, I grant the Valders Area School District permission to conduct reference and background checks on me. It is understood that these checks may be made with references I have provided or may be made with other persons familiar with me or my work that the district chooses to contact.

Signature _____ Date _____

The Valders Area School District is an equal opportunity employer and does not discriminate against applicants on the basis of race, creed, sex, national origin, handicap, age, or political affiliation.

DISCLOSURE STATEMENT

The statutory responsibility of the Valders Area School District to school children and the community necessitates that the following information be requested of all applicants regarding criminal *convictions. A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time this form is initially completed. Applicants must provide all information requested within three work days to the Office of the Superintendent, Valders Area School District, 138 Wilson Street, Valders, WI 54245-9645.

Name _____
Last
First
Middle

Other names used _____ Dates of usage _____

Social Security Number _____ - _____ - _____ Date of birth (mm/dd/yyyy) ____/____/____

Have you ever been *convicted of or do you presently have pending any violations of law other than minor traffic violations? (In accordance with state law, convictions or pending charges will not be used or considered unless they are substantially related to circumstances of the particular job.) No Yes If yes, please complete the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

CONVICTION INFORMATION

1. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remark:		Length and Terms of Probation:	
2. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remark:		Length and Terms of Probation:	

*CONVICTION means the final judgment of a verdict or a finding of guilty, a plea of guilty, or a plea of *nolo contendere* in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Valders Area School District. I understand that my employment is not finally approved until the background investigation has been completed.

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the district shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. In consideration of the school district's review of this application, I hereby release the district as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information.

Signature _____ Date _____

The Valders Area School District is an equal opportunity employer and does not discriminate against applicants on the basis of race, creed, sex, national origin, handicap, age, or political affiliation. Employment may be denied if the circumstances of the criminal conviction substantially relate to the circumstances of the position for which a person has applied.