

THE SCHOOL DISTRICT OF STURGEON BAY

1230 Michigan Street
Sturgeon Bay, WI 54235

SUBSTITUTE TEACHER APPLICATION

NAME: _____ DATE: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email address: _____

TEACHING EXPERIENCE (Two Most Recent Experiences)

A) School District: _____ City/State: _____

From: _____ To: _____ Subject or Grade Level: _____

Supervisor: _____ Phone Number: _____

B) School District: _____ City/State: _____

From: _____ To: _____ Subject or Grade Level: _____

Supervisor: _____ Phone Number: _____

EDUCATION

College(s): _____ Years Attended: _____

Major: _____ Degree: _____

_____ Years Attended: _____

Major: _____ Degree: _____

Do you hold a valid Wisconsin Teaching License? Yes No License #: _____

Certification Position #: _____ Subject #: _____ Expiration Date: _____

OTHER WORK EXPERIENCE, SPECIAL ABILITIES AND INTERESTS

LIMITATIONS as to when you are to be called: _____

I will be available to teach the following grades: (Please check box(es))

ALL PK KD 1 2 3 4 5 6 7 8 9 10 11 12

COPY OF CERTIFICATION MUST BE ATTACHED ALSO SUBMIT BACKGROUND
CHECK FORM, RESUME, TRANSCRIPT, REFERENCES & PHONE NUMBERS

Please complete page 2

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Have you ever entered a plea of nolo contendere or no contest to any charges other than a minor traffic violation? (This includes municipal violations as well as felony criminal acts.) Yes No If yes, please explain: _____

Are there felony charges **pending** against you? Yes No If yes, please explain: _____

The Sturgeon Bay School District Board of Education complies with all Federal laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of the Sturgeon Bay Board of Education that no persons on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to, discrimination in employment or in any education program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that Sturgeon Bay Public Schools will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Sturgeon Bay Public Schools and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this employer at any time without liability for wages or salary such as may have been earned at the date of such termination.
4. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Sturgeon Bay Public Schools.

I further understand that this is an application for employment and that no employment contract is being offered.

I have read, understand, and agree to the above conditions to this application.

Signature: _____ Date: _____

File this form in the District Administrator's Office.

Telephone renewal is requested of you for each new school year.

The School District of Sturgeon Bay is an Equal Opportunity Employer