

BALDWIN-WOODVILLE AREA SCHOOL DISTRICT
550 HIGHWAY 12, BALDWIN, WI 54002

APPLICATION FOR SUBSTITUTE TEACHERS

(APPLICATION MAY EITHER BE TYPED OR HANDWRITTEN LEGIBLY.)

Name _____ Phone _____

Present _____ Permanent _____
Address _____ Address _____

Areas of Certification:
Grade/Subject _____ Expiration Date _____

EDUCATIONAL PREPARATION & TRAINING

HIGH SCHOOL _____ Date of Graduation _____
(Name & Location)

COLLEGE /UNIVERSITY (most recent first)

<u>Name & Location</u>	<u>Dates Attended (Mo./Yr.)</u>	<u>Degree</u>	<u>Major</u>	<u>Minor</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TEACHING EXPERIENCE (most recent first)

<u>Name & Location</u>	<u>Grade Level/Subject Taught</u>	<u>Dates Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

JOB REFERENCES: Give names of three references who have firsthand knowledge of your character, job performances, personality, and scholarship. Do not list relatives.

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION

1. Do you have the legal right to work in the United States? Yes No If not, why?

2. Have you ever applied for a job with us before? Yes No

3. Is there a criminal charge, felony or misdemeanor currently pending against you?

Yes No (If yes, please give a brief explanation.) _____

Have you ever been convicted of a crime, felony or misdemeanor which would substantially relate to the position you are applying for with the District or which would affect your ability to be bonded?

Yes No (If yes, please give a brief explanatory statement.)

(Conviction of a crime or arrest is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.)

4. Have you ever been discharged or requested to resign from a position? Yes No

(If yes, give circumstances.) _____

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been given to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

Signature of Applicant _____ Date _____

**(A COPY OF YOUR TEACHING CERTIFICATE MUST BE ON FILE BEFORE
YOU WILL BE CONSIDERED AS AN APPROVED SUBSTITUTE.)**