

SCHOOL DISTRICT OF IOLA-SCANDINAVIA
APPLICATION FOR SUBSTITUTE TEACHING

PERSONAL DATA: Date of Application _____

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Birthdate: _____ Social Security No: _____ Driver's License No: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Have you previously applied for a position with the School District? _____ What Position _____

Professional Experience (List in Order of Last or Present Employer First)

From _____ Mo./Yr.	To _____ Mo./Yr.	_____ District or Employer	_____ Position
Supervisor: _____		Name _____ Address _____	Title _____
_____ Telephone Number		_____ Reason for Leaving	
From _____ Mo./Yr.	To _____ Mo./Yr.	_____ District or Employer	_____ Position
Supervisor: _____		Name _____ Address _____	Title _____
_____ Telephone Number		_____ Reason for Leaving	
From _____ Mo./Yr.	To _____ Mo./Yr.	_____ District or Employer	_____ Position
Supervisor: _____		Name _____ Address _____	Title _____
_____ Telephone Number		_____ Reason for Leaving	

Education Preparation (College or University)

Name and Location of Institution	How Many Yrs. Attended	Degree	Grade Pt. Avg.	Majors	Minors

License Information

Areas of Certification Subject/Grade	State Issuing License	Expiration Date	Wisconsin DPI Code Number

References *Persons who can comment as to your teaching ability, including supervisors, principals, and superintendents from school districts in which you have taught. May we directly contact the reference? _____*

Name	Official Position and School System	Business Address	Business Telephone	Home Phone

Please included any other areas in which you have documented training or other information you feel pertinent: _____

Have you ever been convicted of a misdemeanor or felony other than a minor traffic offence? Please circle one: Yes No
 (Note: A criminal record does not constitute a bar to employment unless it is substantially related to the job in question. If the job for which you are applying required that you operate a motor vehicle, included traffic convictions.)

READ AND SIGN	
<p>My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, medical records and other appropriate sources. I waive my right to access to any such information and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.</p>	
<p>I understand that the school district is committed to maintaining a drug-free workplace. I am aware that the school district may require a drug test as a part of the hiring process. I understand and agree that a result showing the presence of illegal or illicit substances shall be sufficient grounds for failure to employ or for my discharge should I become employed by the school district.</p>	
<p>Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statements made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.</p>	
Applicant's Signature	Date

The Iola-Scandinavia School District does not discriminate on the basis of religion, race, color, national origin, ancestry, age, sex, physical appearances, marital status, disability, arrest or conviction record, political belief, sexual orientation, use of lawful products outside the work place, less than honorable discharge, source of income or the fact that an individual is a student.

Only Complete Applications Will Be Considered.