WATERFORD
Waterford Graded School District Joint No. 1

Waterford Graded School District
819 W. Main Street, Waterford, Wisconsin 53185 • (262) 514-8250

FAX (262) 514-8251
Equal Opportunity Employer

Substitute Teacher Employment Application

Personal Data

Date of Application:_____

Name: _____
Last Name First Name M.I.

Social Security #_____

Present Address:_____
Street

_____
City State Zip Code

Please list numbers where we may reach you

Home No._____
Include Area Code

Work/Cell No._____
Include Area Code

_____ Email Address: _____
County

For what subjects and grade levels would you like to substitute? The DPI allows you to substitute on a day to day basis in areas in which you are not certified. (Check all that apply)

☐ K-6 ☐ 7-8 ☐ Special Ed ☐ Music ☐ Phy. Ed. ☐ Art ☐ Early Childhood ☐ Foreign Language

Are you legally able to work in the United States? ☐ Yes ☐ No Are you over the age of 18? ☐ Yes ☐ No

Do you have relatives in the district? If yes, who?_____

Have you ever lived or worked outside the state of Wisconsin? ☐ Yes ☐ No If yes, indicate where and when_____

_____

Education and Training Record

High School City, State	**Check Highest Year Completed**				**Did you Graduate?**	**Major Course of Study**	**Type of Diploma Received**
	9	10	11	12	☐ Yes ☐ No		
College City, State	**Check Highest Year Completed**				**Did you Graduate?**	**Major Course of Study**	**Type of Diploma Received**
	1	2	3	4	☐ Yes ☐ No		
Other Education/training(explain) City, State	**Check Highest Year Completed**				**Did you Graduate?**	**Major Course of Study**	**Type of Diploma Received**
	1	2	3	4	☐ Yes ☐ No		

Nondiscrimination Policy: The Waterford Graded School District does not discriminate in employment on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest or conviction record, membership in the military reserve. The Waterford Graded School District complies with all federal and state laws and regulations prohibiting discrimination

Prior Teaching Experience

District and Name of School	Dates there	Subject(s) taught	Reference

Total Number of Years Taught: _____

Have you ever been discharged or asked to resign from a prior position? ☐ Yes ☐ No
If yes, please explain on reverse side of this page.

Certification

Area/Type of Certification	State Issuing License	Expires

References

Name	Address & Phone	Profession	Years Acquainted

Release/Certification

I authorize the Waterford Graded School District to investigate all statements contained herin, to contact references, and to investigate my personal employment history. I authorize any former employer, person, firm, corporation or government agency to give the Waterford Graded School District any information regarding my employment history, to release any and all job related information. I further waive my right of access to the information provided by any reference. I authorize the review of my certification/licensing file accessed through the Department of Public Instruction.

In consideration of the Waterford Graded School District's review of this application, I release fro all liability and/or legal claims the Waterford Graded School District and every person seeking or providing information, whether it be oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

Further, I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that if, in the judgment of the Waterford Graded School District, any false or misleading statements are made by me, or if I omit information requested of me, my application may be rejected, an offer of employment may be withdrawn, or, if employed, I may be terminated.

Signature:_____ **Date Signed:**_____

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Disclosure Statement

The tremendous responsibility the Waterford Graded School District has to its school children and community necessitates the following information from all applicants regarding 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. Applicant must report any convictions that occur subsequent to the time they initially completed this form.* ***Provide all the information requested within three work days to the Waterford Graded School District administration office, 819 W. Main Street, Waterford, WI 53185.***

_____ _____ _____

Last Name ***First Name*** ***Middle Name***

Other Names Uses _____ ***Dates of Usage:*** _____

Social Security Number: _____ ***Date of Birth:*** _____

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 fill in 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.

1. Conviction Information		Date of Conviction	Court of Conviction:
City:	State	Amount of Fine	Length of Jail Term
Remarks:		Length and Terms of Probation:	

2. Conviction Information		Date of Conviction	Court of Conviction:
City:	State	Amount of Fine	Length of Jail Term
Remarks:		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 I 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 the Waterford Graded School District. I understand that my employment is not finalized until the background investigation has been completed.

I certify that the answers given 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 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

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