

**RICHLAND SCHOOL DISTRICT
1996 U.S. HIGHWAY 14 WEST
RICHLAND CENTER WI 53581**

SUBSTITUTE TEACHER APPLICATION

PERSONAL INFORMATION

Name _____ Date _____

Address _____ City _____ Zip _____

Telephone _____ Alternate Phone _____ E-Mail Address _____

Social Security Number _____ Drivers License Number (Optional) _____

Have you ever been convicted of a felony? _____ No _____ Yes If Yes, when? _____

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**LICENSURE/TYPE OF TEACHING LICENSE**

\_\_\_\_\_ Life Grades/Subjects \_\_\_\_\_

\_\_\_\_\_ Five-Year, Expires \_\_\_\_\_ Grades/Subjects \_\_\_\_\_

\_\_\_\_\_ Three-Year Sub Permit, Expires \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR CURRENT LICENSE WITH THIS APPLICATION.**

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PROFESSIONAL EXPERIENCE

1) Company Name _____ Phone _____

Address _____ City/State/Zip _____

Position _____ Employed from _____ to _____

Supervisor _____

Reason for Leaving _____

2) Company Name _____ Phone _____

Address _____ City/State/Zip _____

Position _____ Employed from _____ to _____

Supervisor _____

Reason for Leaving _____

3) Company Name _____ Phone _____
 Address _____ City/State/Zip _____
 Position _____ Employed from _____ to _____
 Supervisor _____
 Reason for Leaving _____

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**REFERENCES**

1) \_\_\_\_\_  
 Name Relationship to Applicant Phone  
 2) \_\_\_\_\_  
 Name Relationship to Applicant Phone  
 3) \_\_\_\_\_  
 Name Relationship to Applicant Phone

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Please list level/subject preferences here. If no preference, please say NONE:


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I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements made by me, or material omissions of information requested of me, shall constitute grounds for rejection of my application, or if employed, my immediate dismissal.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nondiscrimination Statement**

The Richland School District does not discriminate in hiring or other personnel decisions against individuals based on race, color, national origin, sex, age, religion, disability, sexual orientation, veteran's status, or any other characteristic protected by local, state, or federal law. Reasonable accommodations shall be made for qualified individuals with a disability or handicap. If you need an accommodation, please contact the Human Resources Department of the Richland School District.

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**Authorization, Release, and Certification Statement**

I authorize the Richland School District to investigate my personal employment history and I authorize any former employer, person, firm, corporation or government agency to give the Richland School District any information regarding my employment history.

If I should be offered a position, I understand that a crime information records check will be conducted on me through the Wisconsin Department of Justice. (A criminal record does not constitute an automatic bar to employment and will be considered only if the circumstances of the conviction relate to the circumstances of the particular job in question.)

In consideration of the Richland School District's review of this application, I release from all liability and/or legal claims the Richland 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.

If employed, I agree to comply with all the rules and regulations of the Richland School District. I also understand that employment is subject to the satisfactory investigation of the application. I understand any false statements or misrepresentation of facts are grounds for dismissal. I hereby certify that the statements above are true and correct to the best of my knowledge and belief.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security or Drivers License Number \_\_\_\_\_