# 

Thank you for your interest in the School District of Neillsville.

This is the **electronic application** for a **Substitute Support Staff Position**. You must fill out this application on your computer and submit either by email or mail.

This position is an on call, as needed position. After completing the application process, our District Administrator will decide whether you are able to be put on our sub list. Once put on the sub list you will receive calls to cover positions where regular staff is unavailable.

Upon your first day here, you will be required to stop into our Board Office and request a new hire packet. We will need the new hire packet completed and then brought back to the Board Office along with your social security card and driver license in order to pay your for your time worked.

If at any time you decide that you would like to be taken off the sub list, please give the Board Office a call at 715-743-3323 ext. 6. Once you are on the sub list you will receive a new “Substitute Support – Annual Summary Application each school year. If we don’t receive the annual summary application back we will remove your name from the sub list.

If you have any questions regarding the applications please contact the Board Office.

Thank you again for your interest!

**Please complete the following forms to apply:**

***SUBSTITUTE SUPPORT – “ANNUAL” SUMMARY APPLICATION – Electronic***

***SUPPORT & SUPPORT SUB - APPLICATION FOR EMPLOYMENT - Electronic***

# SCHOOL DISTRICT OF NEILLSVILLE Neillsville Schools

### 614 East 5th Street, Neillsville WI 54456 ~ Phone: 715-743-3323 ~ FAX: 715-743-8718

***SUBSTITUTE SUPPORT – “ANNUAL” SUMMARY APPLICATION – Electronic***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERSONAL DATA | | | | |
| Last Name: | | First: | | Middle: |
| Street Address: | | | | Apt/Unit #: |
| City: | | State: | | ZIP: |
| Phone: | Cell: | | Email: | |

|  |  |  |
| --- | --- | --- |
| Days Available | | |
| Monday | Day Night (2:30-11:00) | Times not available: |
| Tuesday | Day Night (2:30-11:00) | Times not available: |
| Wednesday | Day Night (2:30-11:00) | Times not available: |
| Thursday | Day Night (2:30-11:00) | Times not available: |
| Friday | Day Night (2:30-11:00) | Times not available: |

|  |  |  |
| --- | --- | --- |
| Areas you will sub in | | |
| Aide-Elementary School | Aide-Middle School | Aide-High School |
| Aide-Library | Bus Driver | Food Service |
| Custodian | Secretary-Elementary School Office | Secretary-High School Office |

|  |
| --- |
| Areas YOu prefer to sub in |
|  |

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| --- |
| Areas you would not sub in |
|  |

**Signature:**       **Date:**

**NOTE:** Once approved by the District Administrator, you will be added to our district sub list. You will be required to complete a new “annual summary application” each school year to remain on the active sub listing.

**Please email this and any other correspondence to the Board of Education Office to the address above.**

**Thank you for your interest!**

# SCHOOL DISTRICT OF NEILLSVILLE Neillsville Schools

### 614 East 5th Street, Neillsville WI 54456 ~ Phone: 715-743-3323 ~ FAX: 715-743-8718

***SUPPORT & SUPPORT SUB***

**APPLICATION FOR EMPLOYMENT - Electronic**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONAL DATA | | | | | |
| Last Name: | | First: | | MI: | Date: |
| Street Address: | | | | Apt/Unit #: | |
| City: | | State: | | ZIP: | |
| Phone: | | E-mail Address: | | | |
| Date Available: | Social Security #: | | Desired Wage: | | |
| Position Applied for: | | | | | |
| Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Education | | | | | | |
| **High School** | | | | | | |
| Name of School: | | | City/State:      , | | | Did you Graduate? Yes No |
| **College** | | | | | | |
| College: | | | | City/State:      , | | |
| From: | To: | Did you graduate? Yes No | | | Degree: | |
| **Other Education** | | | | | | |
| Other: | | | | City/State:      , | | |
| From: | To: | Did you graduate? Yes No | | | Degree: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| References | | | | |
| Please list three references. | | | | |
| Full Name: | | Relationship: | | |
| Company: | | Phone: | | |
| Address: | City: | | State: | Zip: |
|  | | | | |
| Full Name: | | Relationship: | | |
| Company: | | Phone: | | |
| Address: | City: | | State: | Zip: |
|  | | | | |
| Full Name: | | Relationship: | | |
| Company: | | Phone: | | |
| Address: | City: | | State: | Zip: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment | | | | | | | | | | | | | |
| Company: | | | | | | Phone: | | | | | | | |
| Address: | | | | City: | | | | | | | State: | | Zip: |
| Job Title: | | | Starting Wage: | | | | | Ending Wage: | | | | | |
| Responsibilities: | | | | | | | | | | | | | |
| From: | To: | Reason for Leaving: | | | | | | | | | | | |
| Supervisor: | | | | May we contact your previous supervisor for a reference? Yes No | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Company: | | | | | | Phone: | | | | | | | |
| Address: | | | City: | | | | | | State: | | | | Zip: |
| Job Title: | | | Starting Wage: | | | | | Ending Wage: | | | | | |
| Responsibilities: | | | | | | | | | | | | | |
| From: | To: | Reason for Leaving: | | | | | | | | | | | |
| Supervisor: | | | | May we contact your previous supervisor for a reference? Yes No | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Company: | | | | | | Phone: | | | | | | | |
| Address: | | | | | City: | | | | | State: | | | Zip: |
| Job Title: | | | Starting Wage: | | | | | Ending Wage: | | | | | |
| Responsibilities: | | | | | | | | | | | | | |
| From: | To: | Reason for Leaving: | | | | | | | | | | | |
| Supervisor: | | | | | May we contact your previous supervisor for a reference? Yes No | | | | | | | | |
|  | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | |
| Branch: | | | | | | | From: | | | | | To: | |
| Rank at Discharge: | | | | | | | Type of Discharge: | | | | | | |
| If other than honorable, explain: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release.  Signature:       Date: | | | | | | | | | | | | | |

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| --- |
| Authorization and Signature |
| I authorize the Board of Education of the School District of Neillsville to make any inquiries of or receive information from any person or organization regarding my suitability for employment; and do hereby give permission to these persons or organizations to provide such information. Such inquiries may include and not be limited by enumeration to the quality of my work, work history and record, character, qualifications, records or convictions and medical records. For and in consideration of the release of such information, I hereby forever waive, release and covenant not to sue any person or organization including the Neillsville School District, it’s agents and employees for the result of providing, obtaining, or acting upon such information. I give this waiver, release and covenant not to sue understanding that the information obtained may be such as to disqualify me for employment. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.  Signature:       Date: |
|  |
| Accommodations |
| Can you perform, with or without accommodation, all the duties of the position you seek? |
| With Accommodation  Without Accommodation |
| If accommodation is needed, briefly describe what is needed: |

|  |
| --- |
| Present/Past History |
| Have you ever been disciplined, dismissed, resigned under pressure or left a position with a legal agreement resulting in your not returning to the same position the next year? |
| |  | | --- | | Yes No | |
| If yes, please explain: |
| Have you ever been found guilty of or do you presently have pending any violations of law (felonies and/or misdemeanors) other than minor traffic violations?) In accordance with State law pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job). |
| |  | | --- | | Yes No | |
| If yes, please explain: |

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| --- |
| Disclaimer |
| The School District of Neillsville shall not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional or learning disabilities, handicap, sex, sexual orientation, age, national origin, citizenship, marital or parental status, ancestry, color, arrest or conviction record, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States, or any other reason prohibited by state and federal law. |

After completion, please email this form and any additional correspondence to: [mkranz@neillsville.k12.wi.us](mailto:mkranz@neillsville.k12.wi.us)

Thank you for your interest!

|  |  |
| --- | --- |
| Administrative Use Only – Do not write in this space | |
| Contract  Letter of Temporary Employment | |
| Building Assignment: | Grade(s)/Subject(s): |
| Effective Date: | Replaces: |
| Interview Place: | Base Wage: |
| Interviewed By: | Additional Wage: |
| Interview Date: | MOU Wage: |
|  | **Total Wage:** |

Administrator Signature of Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Board Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_