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

This is the **electronic application** for a **Substitute Teaching 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 Teacher – 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 TEACHER – “ANNUAL” SUMMARY APPLICATION – Electronic***

***TEACHER & SUB TEACHER - 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 TEACHER – “ANNUAL” SUMMARY APPLICATION – Electronic***

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

|  |  |  |
| --- | --- | --- |
| dEGREE/cERTIFICATION | | |
| Type:  Bachelor’s Master’s | Degree Obtained (Month/Year):    / | DPI License #: |
| Degree Held: | | |
| Colleges/University Attended: | | |
| Teaching Majors: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Availability/interest | | | | |
| Monday | AM PM Full Day |  | | Regular Ed:  Elementary Middle High |
| Tuesday | AM PM Full Day |  | | Special Ed: Elementary Middle High |
| Wednesday | AM PM Full Day |  | **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. | |
| Thursday | AM PM Full Day |
| Friday | AM PM Full Day |

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

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

**Signature:**       **Date:**

**Please mail or drop off to the Board of Education Office at 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

***TEACHER & SUB TEACHER***

**APPLICATION FOR EMPLOYMENT - Electronic**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONAL DATA | | | | | |
| Last Name: | | First: | | MI: | Date: |
| **Present** Street Address: | | | | Apt/Unit #: | |
| City: | | State: | | ZIP: | |
| **Permanent** Street Address: | | | | Apt/Unit #: | |
| City: | | State: | | ZIP: | |
| Phone #: | | E-mail Address: | | | |
| Date Available: | Social Security #: | | Desired Salary: | | |
| Position Applied for: | | | | | |
| Are you currently under contract? Yes No If yes, please explain: | | | | | |
| Have you previously filed an application with this school district? Yes No If yes, on what date? | | | | | |
| 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 or University (Most Recent First)** | | | | | | |
| Name of School: | | | | City/State:      , | | |
| From: | | To: | Did you graduate? Yes No | | Degree: | |
| GPA: | Point Scale: | | Major(s): | | Minor(s): | |
|  | | | | | | |
| Name of School: | | | | City/State:      , | | |
| From: | | To: | Did you graduate? Yes No | | Degree: | |
| GPA: | Point Scale: | | Major(s): | | Minor(s): | |
|  | | | | | | |
| Name of School: | | | | City/State:      , | | |
| From: | | To: | Did you graduate? Yes No | | Degree: | |
| GPA: | Point Scale: | | Major(s): | | Minor(s): | |
|  | | | | | | |

*Continue on next page…*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education Continued…** | | | | | | |
| Name of School: | | | | City/State:      , | | |
| From: | | To: | Did you graduate? Yes No | | | Degree: |
| GPA: | Point Scale: | | Major(s): | | | Minor(s): |
|  | | | | | | |
| Name of School: | | | | City/State:      , | | |
| From: | | To: | Did you graduate? Yes No | | | Degree: |
| GPA: | Point Scale: | | Major(s): | | | Minor(s): |
|  | | | | | | |
| Number of Graduate Credits Beyond Bachelor’s Degree: | | | | | Number of Graduate Credits Beyond Master’s Degree: | |

|  |
| --- |
| extracurricular activities |
| High School: |
| College: |

|  |  |  |  |
| --- | --- | --- | --- |
| Experience (List most resent first) | | | |
| **Student Teaching or Practicum Experience** | | | |
| District Name: | Cooperating Teacher: | | |
| School Address: | | Phone #: | |
| Grade/Subject Taught: | | From:    /  Month/Year | To:    /  Month/Year |
|  | | | |
| District Name: | Cooperating Teacher: | | |
| School Address: | | Phone #: | |
| Grade/Subject Taught: | | From:    /  Month/Year | To:    /  Month/Year |
|  | | | |
| District Name: | Cooperating Teacher: | | |
| School Address: | | Phone #: | |
| Grade/Subject Taught: | | From:    /  Month/Year | To:    /  Month/Year |
| **Professional/Educational Experience (Under Contract)** | | | |
| District Name: | Supervisor: | | |
| School Address: | | Phone #: | |
| Grade/Subject Taught: | | From:    /  Month/Year | To:    /  Month/Year |
| Reason for Leaving: | | | |
|  | | | |
| District Name: | Supervisor: | | |
| School Address: | | Phone #: | |
| Grade/Subject Taught: | | From:    /  Month/Year | To:    /  Month/Year |
| Reason for Leaving: | | | |
|  | | | |

*Continue on next page…*

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional/Educational Experience (Under Contract) Continued…** | | | |
| District Name: | Supervisor: | | |
| School Address: | | Phone #: | |
| Grade/Subject Taught: | | From:    /  Month/Year | To:    /  Month/Year |
| Reason for Leaving: | | | |
|  | | | |
| District Name: | Supervisor: | | |
| School Address: | | Phone #: | |
| Grade/Subject Taught: | | From:    /  Month/Year | To:    /  Month/Year |
| Reason for Leaving: | | | |
| **Other Work Experience** | | | |
| Name of Organization: | | Type of Work: | |
| Address: | | Phone #: | |
| Reason for Leaving: | | From:    /  Month/Year | To:    /  Month/Year |
|  | | | |
| Name of Organization: | | Type of Work: | |
| Address: | | Phone #: | |
| Reason for Leaving: | | From:    /  Month/Year | To:    /  Month/Year |
|  | | | |
| Name of Organization: | | Type of Work: | |
| Address: | | Phone #: | |
| Reason for Leaving: | | From:    /  Month/Year | To:    /  Month/Year |

|  |
| --- |
| CREDENTIALS |
| A copy of my teaching/education credentials may be obtained from (College Placement Office or Agency): |
| Credentials listed under what name (Last, First, middle): |

|  |  |  |  |
| --- | --- | --- | --- |
| Certifications | | | |
| **Areas of Certification** | | | |
| Cert. Type: | Course: | Grade: | |
| State Issuing License: | WI DPI License Number: | From:    /  Month/Year | To:    /  Month/Year |
|  | | | |
| Cert. Type: | Course: | Grade: | |
| State Issuing License: | WI DPI License Number: | From:    /  Month/Year | To:    /  Month/Year |
|  | | | |
| Cert. Type: | Course: | Grade: | |
| State Issuing License: | WI DPI License Number: | From:    /  Month/Year | To:    /  Month/Year |
|  | | | |
| Cert. Type: | Course: | Grade: | |
| State Issuing License: | WI DPI License Number: | From:    /  Month/Year | To:    /  Month/Year |
| Personal Statement | | | |
| Prepare a hand written statement to include any experience or talent which in your estimation will contribute to your success in the position for which you are making application, such as: scholastic distinctions, travel, community service or activities, foreign language skills, musical or artistic achievement, coaching, journalism, dramatics, etc.: | | | |
|  | | | |
|  | | | |
| My Signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If employed by this school district, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.  Signature:       Date: | | | |
| This school district is an equal opportunity employer and does not discriminate against applicants on the basis of race, creed, sex national origin, handicap, age, or political affiliation. | | | |

|  |
| --- |
| 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: |

|  |
| --- |
| 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. |

**NOTE:** A complete transcript of all undergraduate and graduate college work and a current license must be placed on file in the District Office at the time of employment. It is the responsibility of the applicant to supply this information upon request.

|  |  |
| --- | --- |
| Administrative Use Only – Do not write in this space | |
| Contract  Letter of Temporary Employment | |
| Building Assignment: | Grade(s)/Subject(s): |
| Additional Salaried Responsibilities: | |
| Effective Date: | Replaces: |
| Allowed \_\_\_\_\_\_ years of teaching experience for \_\_\_\_\_\_\_ years of previous experience. | |
| Interview Place: | Base Salary: |
| Interviewed By: | Additional Salary: |
| Interview Date: | MOU Salary: |
|  | **Total Salary:** |

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

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

Please email application and any additional correspondence to: [mkranz@neillsville.k12.wi.us](mailto:mkranz@neillsville.k12.wi.us)

*Thank you for your interest!*