

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

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
Tuesday	☐ AM ☐ PM ☐ Full Day
Wednesday	☐ AM ☐ PM ☐ Full Day
Thursday	☐ AM ☐ PM ☐ Full Day
Friday	☐ AM ☐ PM ☐ Full Day

Regular Ed:	☐ Elementary	☐ Middle	☐ High
Special Ed:	☐ Elementary	☐ Middle	☐ High

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.

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

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
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College or University (Most Recent First)

Name of School:	City/State: ,
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From:	To:	Did you graduate? ☐ Yes ☐ No	Degree:
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GPA:	Point Scale:	Major(s):	Minor(s):
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Name of School:	City/State: ,
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From:	To:	Did you graduate? ☐ Yes ☐ No	Degree:
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GPA:	Point Scale:	Major(s):	Minor(s):
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Name of School:	City/State: ,
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From:	To:	Did you graduate? ☐ Yes ☐ No	Degree:
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GPA:	Point Scale:	Major(s):	Minor(s):
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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:			

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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, its 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.



School District of Neillsville

614 E 5th Street, Neillsville, WI 54456

Background Check Authorization

Legal Name: First, Full Middle Name, Last

Maiden Name: _____ Alias: _____

Address: _____

☐ Male ☐ Female Date of Birth _____ Social Security Number _____

Race: ☐ White ☐ Black ☐ Chinese ☐ Hispanic ☐ Indian ☐ Japanese ☐ Other ☐ Unknown

Email Address: _____

Mobile Phone Number: _____ Okay to Contact via Text Message? ☐ Yes ☐ No

*Note: The above data is required to do a background check. This form will remain with Human Resources.

Is this for a volunteer application? ☐ Yes ☐ No If Yes, Teacher Name: _____

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Do you have any pending criminal charges? ☐ Yes ☐ No

If yes to either of the above, please explain. Include date(s), location of court, nature and place of charge or conviction and disposition of the case:

I authorize the School District to investigate my personal employment history and I authorize any former employers, person, firm, corporation, or government agency to give the School District any information regarding my employment history. Background checks are run by the District upon applying and when deemed necessary. Criminal charges or convictions are not an automatic bar to service. The District will consider the nature of the offense, date of the offense, and relationship between the offense and the position.

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification from consideration, or if employed, my immediate dismissal. I further agree to abide by all rules, regulations and policies of the District. I hereby authorize the School District of Neillsville to utilize third party agencies to collect reports by contacting law enforcement agencies, city, state, county and federal courts to release information about my background including, but not limited to, information about my criminal record. This release shall remain in effect for the length of my service. I understand I have the right to obtain a copy of background check reports if the written request is made within 60 days of signature below.

The Board does not discriminate in employment on the basis of race, color, national origin, age, sex (including gender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32 Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend an employer sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other legally protected category in its programs and activities including employment opportunities.

Signature

Date

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
Thank you for your interest!