

School District of Fall Creek

EDUCATION MISSION STATEMENT

The School District of Fall Creek will provide a student-centered learning environment which enhances each student's knowledge, skills and attitudes which are necessary to successfully meet the present and future challenges of each student as a lifelong learner and responsible citizen in our continually changing world.

SUBSTITUTE TEACHER APPLICATION

Each item on this application is important. Please complete carefully and accurately.

Date of Application: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Present Address _____
Street City State Zip Phone #

Permanent Address _____
Street City State Zip Phone #

Additional phone numbers where you may be reached during the day: _____

Email address: _____

GENERAL INFORMATION

Include a vita or resume of qualifications with your application. College transcripts and two professional references must be provided by the applicant to insure consideration for an employment interview.

Areas for which you are applying _____

List other areas in which you are qualified or certified _____

Date(s) available for employment _____

Have you filed an application with this district in the past?
_____ Yes _____ No Under what name? _____
When? _____

CERTIFICATION

Include a copy of your current teaching certificate with your application.

<u>Area(s) of Certification</u>	<u>State Issuing License</u>	<u>Expiration Date Month/Year</u>	<u>WI DPI Code # (not License #)</u>

Student Teaching

<u>Dates</u>	<u>Subject/ Grade Level</u>	<u>Cooperating Teacher(s)</u>	<u>School District</u>	<u>Semester Credits Earned</u>

EDUCATIONAL AND PROFESSIONAL TRAINING

Please list in order of attendance all education institutions attended. Enter semester hours only.

<u>Undergraduate Coursework</u>		<u>Semester</u>		<u>Major</u>	<u>Minor</u>	<u>GPA</u>
<u>Name of Institution</u>	<u>City /State</u>	<u>Hours</u>	<u>Degree</u>			

<u>Graduate Coursework</u>		<u>Semester</u>		<u>Major</u>	<u>Minor</u>	<u>GPA</u>
<u>Name of Institution</u>	<u>City /State</u>	<u>Hours</u>	<u>Degree</u>			

Total number of Graduate Semester Credits earned above your highest degree.

PROFESSIONAL EXPERIENCE

1) Inclusive dates of employment _____ Assignment _____

Name and complete address of school _____

Name of immediate supervisor _____

Full or Part-time _____

2) Inclusive dates of employment _____ Assignment _____

Name and complete address of school _____

Name of immediate supervisor _____

Full or Part-time _____

3) Inclusive dates of employment _____ Assignment _____

Name and complete address of school _____

Name of immediate supervisor _____

Full or Part-time _____

Total number of full-time equivalent years of employment in K-12 education _____

REFERENCES: INCLUDE YOUR MOST RECENT SUPERVISOR(S)

1) Name _____ Title _____

Address _____ Phone # _____

2) Name _____ Title _____

Address _____ Phone # _____

3) Name _____ Title _____

Address _____ Phone # _____

Do you have a parent, spouse, son, daughter, sister, brother, brother-in-law, son-in law, sister-in-law, daughter-in-law, step-parent and/or grandparent currently employed by the Fall Creek School District in a supervisor's position? _____ If yes, please indicate the name of the individual, your relationship to the person and their current supervisor's position with the district.

Have you ever been convicted of a crime? _____ Yes _____ No

If you are recommended for employment a criminal background check and physical entrance examination must be satisfactorily completed before you will be hired.

In order to complete a criminal background check in the State of Wisconsin we need to know your date of birth.

Date of birth _____ Social Security # _____

I certify that the answers given by me in this application are true and correct without omission 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 or omissions made by me in the application. I authorize the school district to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the school district any information they may have regarding me. 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 that may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signature of Applicant

Date

The Fall Creek School District will only accept employment applications when a vacancy exists or when the district requests applications for a future position(s). An unsolicited application, and any materials attached thereto shall be destroyed.

The Fall Creek School District is an equal opportunity employer. The District does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, disability or other factors provided for by state and federal laws.

Reasonable Accommodation

Reasonable accommodation, including the provision of informational material in an alternative format, will be provided for qualified individuals with disabilities upon request.

To request accommodation, please contact Teresa Reetz, (715) 877-2123 extension 221, or Fall Creek School District 336 E. Hoover Avenue Fall Creek, WI 54742. Email

teresareetz@fallcreek.k12.wi.us