



SCHOOL DISTRICT OF BELLEVILLE

625 West Church Street, Belleville, WI 53508 608-835-6120 (P) 608-424-3486 (F)
www.belleville.k12.wi.us

SUBSTITUTE TEACHER APPLICATION

Applicant Information:

Full Name: _____ Date: _____
Last First Middle

Address: _____ Zip : _____
Street City State

Primary Phone: _____ Email: _____

Please check all areas in which you are willing to substitute:

- ☐ Grades 4K – 6
☐ Grades 7-8
☐ Grades 9-12

Please identify area(s) you are NOT willing to substitute: _____

What Wisconsin Department of Public Instruction License(s) do you hold:

Expiration Date(s) of WI DPI Licensure(s): _____

Availability:

☐ Full Days ☐ AM Only ☐ PM Only

Please specify the days of the week you are available:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Employment History:

Please list last two Employers, beginning with most recent/current employer.

Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:			

Company:	From (mm/yy)	To (mm/yy)	Phone:
Address:	Supervisor:		
Job Title:	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:			

Have you ever been dismissed/terminated/discharged or encouraged/asked to resign from a position? ☐ Yes ☐ No

References:

Please list two professional references. Include only those who have knowledge of your work experience.

Name:	Title/Position:
Organization:	Phone Number:
Email or Mailing Address:	

Name:	Title/Position:
Organization:	Phone Number:
Email or Mailing Address:	

Authorization, Release, and Certification:

Are you eligible for employment in the United States?

☐

Yes

☐

No

If employed, could you furnish verification of your legal right to work in the United States?

☐

Yes

☐

No

I certify I fully understand the contents of this application and that all information on this application is true and correct and without omissions. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or if employed, my immediate dismissal.

I hereby give permission to the District to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether 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.

I understand and agree that if hired, I may voluntarily leave employment at any time, for any reasons, and that the District may end my employment at any time for any reason in accordance with Board Policies and the Employee Handbook.

Signature: _____

Date: _____

The School District of Belleville does not discriminate in the employment of staff 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.

Applicants with a disability may request accommodations needed in the application and/or interview process.