SUBSTITUTE TEACHER APPLICATION SURING PUBLIC SCHOOL DISTRICT

Direct application and inquiries to: District Administrator's Office Suring Public School District PO Box 158 Suring, WI 54174						920-842-2178 920-842-4570
NAME						
Last	First		Maiden (if applie	cable)		Date
SUBSTITUTE INTEREST AREA						
ADDRESS						
Street		City		State		Zip
TELEPHONE	E-MAIL ADD	RESS				
LICENSES HELD (List subject or co	de numbers)					
A current license m	ust be on file in the Distric	t Office p	prior to the start of	employm	ent.	
Date available for employment with u	S					
Have you ever filed an application wit	th this school district?		_ If so, when			
EDU	UCATION AND PROFI	ESSION	AL TRAINING			
HIGH SCHOOL						
Name				City & Sta	ate	
COLLEGE & UNIVERSITY (list mos SCHOOL & LOCATION			MAJOR(S)	MINOR(S	5)	DEGREE
	TEACHING EX Total Years	PERIEN	CE _			
SCHOOL & LOCATION	GRADE LEVEL OR SU	BJECTS	DATES			# YEARS
Have you ever been non-renewed or laid of	off? If yes,	explain				

RELATED WORK EXPERIENCE

(List most recent first)

EMPLOYER & LOCATION	KIND OF WORK	DATES	REASON FOR LEAVING
_			

REFERENCES

Personal references regarding preparation, training & experience (preferably superintendents, principals, supervisors)

ADDRESS	POSITION	TELEPHONE
ed of a felony?	If yes, please explain.	
•		ADDRESS POSITION

I certify that the answers given by me in this application are true and correct without omissions 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 this application. I authorize the School District of Suring 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 of Suring 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 which 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 School District of Suring is an equal opportunity employer. The Suring Public School District does not discriminate against pupils on the basis of sex, race, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap in its education programs or activities. Federal law prohibits discrimination in employment on the basis of age, race, color, national origin, sex, or handicap. Employees of this District are required to comply with the provisions of Title VI of the Civil Rights Act and Title IX of the 1972 Educational Amendments. For additional information on the nondiscrimination policy and/or complaint procedure, contact the District Administrator at 920-842-2178.

Send application to: **Suring Public School District District Administrator's Office PO Box 158** Suring, WI 54174