

SCHOOL DISTRICT OF PORT EDWARDS

EMPLOYMENT PROCEDURES FOR SUBSTITUTE TEACHING STAFF



PHASE I

1. Secure application form in person or on-line at www.pesd.k12.wi.us.
2. Return the completed application form with a copy of each the following:
 - Resume
 - DPI Licensure
 - Social Security Card
 - Driver's License
3. Please contact the Administration Office at (715) 887-9000, x 105 if you have a change of address or phone number, or if you no longer wish to be considered for employment.

PHASE II – APPLICATION SCREENING AND INTERVIEWS

1. Applications will be screened by District Personnel as authorized by the District Administrator.
2. Candidates will be notified when they are eligible for employment. Substitute pay is established by School Board Policy,
3. A criminal background check will be conducted prior to employment with the School District.
4. Have you ever lived outside of Wisconsin? Yes _____ No _____ If so, you may be required to submit fingerprints for additional background checks.

NOTICE TO APPLICANTS: *If you require accommodation in the application process, please inform us.*

SCHOOL DISTRICT OF PORT EDWARDS

SUBSTITUTE TEACHER APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

NAME: _____ DATE: _____
LAST NAME FIRST NAME M.I.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____

Have you ever applied for employment with us?

YES NO If YES: Month and Year _____ Location: _____

Are you presently under contract with any school district for this school year or next school year? YES NO

Are there any areas for which you do not wish to substitute?

Are you legally eligible for employment in the United States?

EDUCATIONAL BACKGROUND

SCHOOL	NAME / LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE/ DIPLOMA

Please provide names and telephone numbers of at least three references and where they may be reached.

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone ()
Address	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for leaving
State job title and describe your work	
Company Name	Telephone ()
Address	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for leaving
State job title and describe your work	
Company Name	Telephone ()
Address	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for leaving
State job title and describe your work	

<p>We would like to contact employers listed above unless you indicate those you do not want us to contact.</p>	Do not contact: _____ Reason: _____
	Do not contact: _____ Reason: _____
	Do not contact: _____ Reason: _____

RELEASE

I authorize the School District of Port Edwards to investigate my personal employment history and authorize any former employer, person, firm, corporation, or government agency to give the School District of Port Edwards any information they may have regarding me. Such inquiries may include and not be limited by enumeration to the quality and quantity of my work, work history and record, character, qualifications, and/or records or convictions.

In consideration of the School District of Port Edwards review of this application, I release from all liability or legal claims the School District of Port Edwards and 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 give this waiver, release, and covenant not to sue for myself, my heirs, assigns and successors in interest forever. 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 will not request copies of such information.

My signature below certifies that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements made by me, or material omissions of information requested of me, shall constitute grounds for rejection of my application or, if employed, my immediate dismissal.

Acceptance, retention, or review of this application for employment by the District does not guarantee that an applicant will be offered the position.



Signature: _____ Date: _____

SCHOOL DISTRICT OF PORT EDWARDS

801 Second Street, Port Edwards, WI 54469
(715) 887-9000 Fax No. (715) 887-9040

CRIMINAL BACKGROUND INVESTIGATION

*All individuals recommended for employment with the School District of Port Edwards must complete a criminal background check prior to hire.
The following information is required of all prospective employees in order to process the data request:*

Name (Last)	(First)	(Middle)
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Sex:	Race:	Date of Birth:	Social Security Number:
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Other names by which you have been known: _____

The above referenced information shall be kept in a confidential file and is not part of your application for employment or personnel file if hired.

Authorization and release statement

Having made application for employment with the School District of Port Edwards and desiring them to be informed as to my character and background, I hereby authorize the School District of Port Edwards to investigate my character and background and release all persons whomsoever from any liability because of furnishing said information.

Signature: _____

Date: _____



**SCHOOL DISTRICT OF PORT EDWARDS
801 Second Street
Port Edwards, WI 54466
715-887-9000**

Improving America's Future.....One student at a time.