PORT EDWARDS PUBLIC SCHOOLS

Substitute Food Service Application

Name _____

Address _____

Phone Number _____ Today's Date _____

Check all that apply: _____ will sub on-call
_____ prefer pre-arranged
_____ will do long-term subbing

Previous experience:_____

_____

REFERENCES: 1. Name _____
Position _____
Phone _____

2. Name _____
Position _____
Phone _____

License Expiration Date (if applicable) _____

Copy of license (if applicable) must be attached to this application.

The Port Edwards School District is an equal opportunity employer. Therefore, personnel hiring and administration in the Port Edwards School District shall be conducted so as not to discriminate employee or applicant on the basis of race, religion, political affiliation, sex or sexual orientation, age, national origin, handicap, marital status, ancestry, color, disability, arrest or conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the Unites States or Wisconsin, or any other reason prohibited by state or federal law.

I understand that the district will conduct a criminal background check as part of the school substitute teacher program and if I am found to have a conviction or pending charges during the previous 36 months, I may be deemed ineligible to serve as a school substitute. I also understand that some convictions may prohibit substituting regardless of the timeframe.

_____ _____ _____
Signature *Print Name* *Date*

Date of Birth ____ / ____ / _____ Social Security Number ___ ___ ___ / ___ ___ / ___ ___ ___ ___