SCHOOL DISTRICT OF PITTSVILLE

EMPLOYMENT PROCEDURES FOR SUBSTITUTE TEACHING STAFF

PHASE I

- 1. Secure application form in person, mail, telephone, or website (www.pittsville.k12.wi.us).
- 2. Return the completed application form with a copy of each the following:
 - Social Security Card
 - Driver's License
 - DPI Licensure
 - Resume
- 3. Please contact the Administration Office at (715) 884-6694 if you have a change of address or phone number, or if you receive employment elsewhere.

PHASE II – APPLICATION SCREENING AND INTERVIEWS

- 1. Applications will be screened by the District Administrator, School Principal, or Department Supervisor.
- 2. Candidates will be notified when work is available. Substitute pay is established under School Board Policy.
- 3. A criminal background check will be conducted prior to employment with the School District.

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

SCHOOL DISTRICT OF PITTSVILLE

SUBSTITUTE TEACHER EMPLOYMENT APPLICATION

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

	LAST NAME	FIRST NAME		M.I.	
NAME:					DATE:
ADDRESS:					
CITY:			_ STATE:		ZIP:
TELEPHONE: ()		E-MAIL:		
		•			
Have you ever applied fo	r employment with u	IS?			
YES NO	If YES: Month and Y	Year		_Location:	
Are you presently under contract with any school district for this school year or next school year?					
Position Desired:					Pay Expected:
Are you legally eligible for employment in the United States? YES NO					
Can you perform With Accommodation Without Accommodation all the duties of the position you seek? If accommodation is needed, briefly describe what is needed:					

EDUCATIONAL BACKGROUND

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

Other special training or skills (language, machine operations, etc.):

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion, or national origin.)

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	Weekly Pay
	Start: Last:
State job title and describe your work	Reason for leaving
Company Name	Telephone
	()
Address	Employed (State Month and Year)
	From: To:
Name of Supervisor	Weekly Pay
	Start: Last:
State job title and describe your work	Reason for leaving
Company Name	Telephone
Address	Employed (State Month and Year)
	From: To:
Name of Supervisor	Weekly Pay
	Start: Last:
State job title and describe your work	Reason for leaving
Company Name	Telephone
	(
Address	Employed (State Month and Year)
	From: To:
Name of Supervisor	Weekly Pay
	Start: Last:
State job title and describe your work	Reason for leaving
	Do not contact: Reason:
We would like to contact employers listed above unless	Do not contact:
you indicate those you do not want us to contact.	Reason:
	Reason:

	Please provide names and telephone numbers of at least three references and where they may be reached.
1	
2	
3	

Conviction of a crime or arrest is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

1.	Have you ever been investigated for alleged misconduct in the course of any employment?	🗌 Yes	🗌 No
2.	Have you ever resigned, been disciplined, or dismissed from any teaching, other school position, or any other position (paid or unpaid) involving children, in part, for alleged immoral conduct* or incompetence**?	☐ Yes	🗌 No
3.	Have you ever had a teaching or teacher aide certificate or license to be employed denied, revoked, or suspended?	🗌 Yes	🗌 No
4.	Is disciplinary action of your educationally related certificate or license currently pending in any state?	🗌 Yes	🗌 No
5.	Have you ever been investigated for sexual conduct, abuse, or neglect that resulted in any legal action up to and including conviction, guilty adjudication for violating a civil law, or a local ordinance?	☐ Yes	🗌 No
6.	Have you ever been convicted of any felony or misdemeanor criminal offense?	🗌 Yes	🗌 No
7.	Have you ever paid a civil forfeiture or fine for a non-traffic related offense (including municipal court violations)?	☐ Yes	🗌 No
8.	Is any criminal charge pending against you in any state?	🗌 Yes	🗌 No
9.	Has your teaching/administrative contract ever been non-renewed? If so, for what reason?	🗌 Yes	🗌 No

* "Immoral Conduct" means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any child.

** "Incompetence" means substantial, prolonged patterns of inadequate performance of duties or the lack of ability, legal qualifications, or fitness to discharge required duties, affecting the health, welfare, safety, or education of pupils or children.

For any YES response, provide a detailed written explanation on this or other sheet of paper.

Can you perform, with or without accommodation, all the duties of the position you seek?

With Accommodation

Without Accommodation

If accommodation is needed, briefly describe what is needed:

RELEASE

I authorize the School District of Pittsville to investigate my personal employment history and authorize any former employer, person, firm, corporation, or government agency to give the School District of Pittsville 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 Pittsville's review of this application, I release from all liability or legal claims the School District of Pittsville 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 for myself, my heirs, assigns and successors in interest forever. 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, 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 PITTSVILLE

5459 Elementary Avenue, Suite 2, Pittsville, WI 54466 (715) 884-6694 Fax No. (715) 884-5218

CRIMINAL BACKGROUND INVESTIGATION

All individuals recommended for employment with the School District of Pittsville 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)		(1	First) (Middle)	(Middle)	
Sex:	Race:	Date of Birth:	Social Security Number:		
Other n	ames by which y	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 Pittsville and desiring them to be informed as to my character and background, I hereby authorize the School District of Pittsville to investigate my character and background and release all persons whomsoever from any liability because of furnishing said information.

Signature:

Date: _____

MISSION STATEMENT: Expecting **Excellence** and **Integrity** from all, developing **Innovative** students, strengthened through **Partnerships** with parents and the community.

VISION: Expecting Excellence and Innovation, Honoring Legacy and Embracing Partnerships.



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