

SCHOOL DISTRICT OF POYNETTE
Substitute Teacher Applicants

Dear Applicant,

Thank you for your willingness to help teach students at the School District of Poynette. Substitute teachers are extremely important to our mission of providing consistent and effective instruction for all of our students. Each year we need to update our files so they are current and accurate. In order to remain on or be added to our calling lists as a substitute teacher, we ask that you complete the following procedures. Highlighted items are missing from your current file, if you were a substitute in our district last year.

You will need to:

1. Complete the district substitute teacher application and form below. Mail or drop off the completed forms to the school.
2. Provide a copy of your current teaching license or a substitute teaching license. (An application to either of these licenses can be obtained at the Wisconsin Department of Public Instruction website.)
3. If your application is approved, you will need to report to the District Office to obtain financial paperwork and provide identification documents. This can be done the first day you work for the school district.
4. Attend a brief New Substitute Teacher Orientation.

As a reminder, you will need to have completed the above items and be approved by the administration before you will be called as a substitute. The Poynette School District pays substitute teachers \$110.00 per day (paid to the quarter day). The rate is based on the following hours: Elementary 8:15 a.m.-3:45 p.m.; Middle and High School 7:15-2:45. Please note that the High School runs on a 4 block schedule. You can drop off the information at the District Office which is located next to Poynette High School or mail it to:

Poynette School District
Attn. Administrative Offices
P.O. Box 10
Poynette, WI 53955

Or fax: (608) 635-9200

Again thank you for your willingness to help our school district provide the best possible instruction for our students. We look forward to working with you and hope you enjoy your experiences here at Poynette School District. If you have any questions feel free to call Dr. Pritzl at (608) 635-4347 ext. 101.

Poynette Schools- Substitute Teacher

Name _____ Phone # _____

Grade Levels or Schools Desired _____

Subject Certifications or Preferences _____

Comments: _____

**SCHOOL DISTRICT OF POYNETTE
EMPLOYMENT APPLICATION FOR CERTIFIED STAFF**

PERSONAL INFORMATION:

Name (last, first, middle):

Present Street Address:

City: State: Zip: Phone: home cell

Permanent Street/Mailing Address:

City: State: Zip: Phone:

e-mail address: Date of Application:

Position for which you are applying:

Are you currently under contract: Yes No

If yes, explain:

Date available for employment in this school district:

Have you previously filed an application with this school district: Yes No

If so, on what date?

DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY	
<input type="checkbox"/> Contract	Date Application Sent:
	Date Application Received:
Building Assignment:	Grade(s)/Subject(s):
Additional Salaried Responsibilities:	
Effective Date:	Replaces:
Allowed years of teaching experience for years of previous experience	
Previous Credits Accepted:	Interviewed by:
Salary Code:	Place of Interview:
Base Salary:	Salary for Add'l Respons:
Total Contracted Salary:	Date of Interview:

EDUCATION PREPARATION AND TRAINING:

High School:

Location:

Date of Graduation:

COLLEGE OR UNIVERSITY EDUCATION (most recent first):

Name and Location of School	Dates Attended Mo/Yr-Mo/Yr	Degree	Grade Pt. Avg. Scale		Major(s)	Minor(s)

Number of Graduate Credits
Beyond Bachelor's Degree:

Number of Credits
Beyond Master's Degree:

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES:

College:

High School:

EXPERIENCE (attach a sheet if more space is needed for professional experience):

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

Dates: (Mo./Yr.)		District	Grade/Subject Taught
From:	To:		
Reference: (cooperating teacher)			
School Address:		Phone #:	

PROFESSIONAL/EDUCATION EXPERIENCE

EXPERIENCE UNDER CONTRACT:

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From: To:				
Reference:	(name)	Title:	Phone #:	

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From: To:				
Reference:	(name)	Title:	Phone #:	

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From: To:				
Reference:	(name)	Title:	Phone #:	

Dates: (Mo./Yr.)	District	Grade Level or Subject	Position	Reason for Leaving
From: To:				
Reference:	(name)	Title:	Phone #:	

A copy of my teaching/education credentials may be obtained from (college placement office or agency):

Credentials listed under what name (last, first, middle):

TEACHER CERTIFICATION:

Wisconsin DPI Code Number	Certification Level	Area	License Dates Issued - Expires	State Issuing License

OTHER WORK EXPERIENCE (list most recent first):

Employer	Reference Name	Reference Title	Dates of Employment	Reason for Leaving

PERSONAL STATEMENT:

Prepare a hand written statement describing any experience or talent which will contribute to your success in the position for which you are applying, such as: scholastic distinctions, travel, community service or activities, foreign language skills, musical or artistic talent, athletic achievement, coaching, journalism, dramatics, etc.

I certify that the statements made in this application, and in any document submitted by me with this application, are true and correct and understand that my employment may be terminated for any misstatement, misrepresentation, or omission of fact on this application. The completion of this application and acceptance by the School District of Poynette does not imply a guarantee of employment. I hereby authorize the School District of Poynette, without liability, to contact prior employers (present if authorized) or reference given by me and authorize said employers or references to make full response to any inquiries by the School District of Poynette in connection with this application for employment. I further authorize the School District of Poynette to perform criminal background checks, driver's license checks and/or any other background checks the School District of Poynette deems necessary. I understand that my employment at the School District of Poynette may be affected by information disclosed by such background checks. I acknowledge that I have read this section and understand it.

Signature:

Date:

It is the policy of the School District of Poynette that no person may be denied employment, or be denied the benefits of, or be discriminated against in any activity because of the person's sex, color, ancestry, disability, marital status, race creed, age, use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing, or military service membership as required by s.111.31-111.395.13, Wis. Statutes.

School District of Poynette
108 N. Cleveland St.
P.O. Box 10
Poynette, WI 53955-0010

Criminal Background Disclosure Statement

The tremendous responsibility the School District of Poynette has to its students and community necessitates the following information from all applicants **and volunteers** regarding convictions.* A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or **volunteer opportunities** may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time they initially completed this form.

Name: _____
Last First Middle

Date of Birth: _____ Location of Birth: _____
(Month/Date/Year) (County, State/Country)

Social Security Number _____ - ____ - _____

Other Names Used: _____ Dates of Usage: _____

Have you ever been convicted* or do you presently have pending any violations of law other than minor traffic violations? (In accordance with state law, convictions or pending charges will not be used or considered unless they are substantially related to circumstances of the particular job.)

_____ No _____ Yes

If yes, please fill in the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

***Conviction** means the final judgment or a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed set aside, or otherwise rendered invalid.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the School District of Poynette. I understand that my employment is not finalized until the background investigation has been completed.

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 or omissions or information made by this application. 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.

Signature

Date

It is the policy of the School District of Poynette that no person may be denied employment, or be denied the benefits of, or be discriminated against in any activity because of the person's sex, color, ancestry, disability, marital status, race creed, age, use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing, or military service membership as required by s.111.31-111.395.13, Wis. Statutes.

Office Use Only:

SSA
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SO
DOJ

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