

TEACHER APPLICATION SUPPLEMENT

Explain your comfort level with educational technology.

In what ways have you accommodated students with special learning challenges?

School District of Gilman

Teacher Substitute Verification

NAME	DATE
ADDRESS	EMAIL ADDRESS
CITY	STATE ZIP
PREFERRED CALLING TIME	PHONE #
DATE OF BIRTH	

LICENSE ON FILE?

YES _____

NO _____

LICENSE EXPIRED?

YES _____

NO _____

If you do not have a license on file or the one on file is expired, please send a copy of your current Wisconsin License.

If your license has expired or you do not have one, please apply for one and send me a copy as soon as you receive it.

_____ My license has expired, but I am applying for a new one.

_____ I do not have a license, but I am applying for one.

The School District of Gilman cannot employ substitutes who do not have a valid Wisconsin teacher of substitute license on file.

Return to:

School District of Gilman
325 North Fifth Avenue
Gilman, WI 54433
ATTN: Brandy Sonnentag

Name_____

DEGREE INFORMATION

HIGHEST DEGREE COMPLETED _____

TYPE OF DEGREE _____

GRADE LEVEL WILL SUBSTITUTE

SPEC. ED.	4K	K	1	2	3	4	5-8	9-12

Preferred area or subjected matter_____

Area or subject matter NOT interested in_____

Additional Information

NOTICE OF NONDISCRIMINATION

The School District of Gilman does not discriminate against persons on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap in its education programs or activities or in employment.