

School District of Wild Rose
Attn: Tammy Wilkinson
P.O. Box 276
Wild Rose, WI 54984

Date_____

SUBSTITUTE TEACHER APPLICATION

NAME _____

PERMANENT ADDRESS _____

PHONE_____

EMAIL ADDRESS_____

HIGHEST DEGREE HELD _____

DEGREES RECEIVED AND COLLEGES OR UNIVERSITIES ATTENDED YEARS

TYPE OF WISCONSIN CERTIFICATE _____

GRADE LEVEL PREFERENCE _____

YEARS OF TEACHING EXPERIENCE AND GRADE LEVEL OR SUBJECT TAUGHT _____

REFERENCES:

Name & Address	Position	Phone Number	May we contact this person
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS EMPLOYERS (Start with current and work backwards)

May we conduct a personal background check, including contact of your references named above as well as present and previous employers including records of municipal, State and Federal law enforcement agencies, Selective System, and review other records related to this position.

_____ Yes _____ No If no, please explain.

I do hereby provide the School District of Wild Rose with my birthdate with the understanding this information will be used to conduct a criminal background check.

Birthdate _____ Social Security Number _____

Because of the nature of this position, applicants with conviction records who are invited to an employment interview will be asked to discuss this information. (A conviction record will not be used as a criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

Have you ever been convicted of a felony? _____yes _____no

Have you ever had a teaching license revoked or are you facing licensure revocation? _____yes _____no

CERTIFICATION STATEMENT Please read, sign, and date the following statement.

I certify that I have fully read this application form and that all answers to questions in this application are true and complete to the best of my knowledge. I agree, and fully understand that it is my responsibility as an applicant to provide complete and accurate information regarding my past history, licensure, license revocation, and any felony convictions and that failure to do so may be just cause to terminate my employment. I agree that any misstatements or omissions of material fact may disqualify me for this position.

Signature

Date

Please attach a copy of your substitute teaching permit or teaching license.

An Equal Opportunity Employer

Revised 07/2023

SCHOOL DISTRICT OF WILD ROSE

“Home of the Wildcats”

Craig Hayes

District Administrator
hayesc@wildroseschools.org
600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4203
Fax (920) 622-4604

Amanda Bronk

Middle School-High School Principal
bronka@wildroseschools.org
Wild Rose Middle-High School
600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4201
Fax (920) 622-4801

Matt Wilbert

Elementary Principal
wilbertm@wildroseschools.org
Wild Rose Elementary School
825 Mt Morris St, PO Box 119
Wild Rose, WI 54984-0119
(920) 622-4204
Fax (920) 622-4601

Date: _____

To: _____

Reference Check for: _____

Position Applied For: _____

AUTHORIZATION TO SECURE APPLICANT REFERENCE INFORMATION

I, _____, have placed an application for employment with the School District of Wild Rose. I hereby authorize the School District of Wild Rose to initiate reference checks of such information as necessary to verify/evaluate my qualifications for the position for which I have applied.

_____ I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

_____ I hereby give consent to access the information contained in my personnel records or file and authorize the release of copies of such records to the School District of Wild Rose.

Signature: _____

Date: _____