

MONTELLO SCHOOL DISTRICT

222 Forest Lane, Montello, WI 53949

608-297-7617 / Fax 608-297-7726

website: www.montello.k12.wi.us

SUBSTITUTE TEACHER APPLICATION FORM

SECTION A – Applicant Information					
Name: _____	Address: _____	City: _____	State: _____	Zip: _____	
Last, First, MI					
Daytime Phone: _____	Social Security Number: _____ - _____ - _____	Are you presently certified to teach in Wisconsin? Yes _____ No _____	List grade level of certification: _____		
Evening Phone: _____					
SECTION B – Education Information					
HIGH SCHOOL:	LOCATION:	DEGREE EARNED:	DATE EARNED:		
COLLEGE:	LOCATION:	DEGREE EARNED:	DATE EARNED:		
MAJOR(S):	MINOR(S):	OTHER EDUCATIONALLY RELATED INFORMATION:			
SECTION C – Work Experience (List most recent first)					
1. PLACE OF EMPLOYMENT:	FROM:	TO:	ADDRESS:	SUPERVISOR:	POSITION:
JOB RESPONSIBILITIES: _____					

2. PLACE OF EMPLOYMENT:	FROM:	TO:	ADDRESS:	SUPERVISOR:	POSITION:
JOB RESPONSIBILITIES: _____					

3. PLACE OF EMPLOYMENT:	FROM:	TO:	ADDRESS:	SUPERVISOR:	POSITION:
JOB RESPONSIBILITIES: _____					

SECTION D – Personal References				
NAME:	POSITION:	ADDRESS:	HOME PHONE:	BUSINESS PHONE:
1.				
2.				
3.				
SECTION E – Job Related References				
1.				
2.				
3.				
SECTION F – Personal Information				
LIST HOBBIES/INTERESTS:				
LIST EXTRA CURRICULAR ACTIVITIES IN WHICH YOU HAVE INTEREST, EXPERIENCE, AND ARE WILLING TO SUPERVISE:				
LIST ANY RESTRICTIONS OR CONDITIONS OF YOUR AVAILABILITY FOR EMPLOYMENT NOT PREVIOUSLY DISCUSSED:				
GIVE ANY ADDITIONAL INFORMATION WHICH MAY REFLECT UPON YOUR CANDIDACY:				

PLEASE USE A SEPARATE SHEET OF PAPER TO ANSWER THE FOLLOWING:

1. **Briefly, state your general philosophy of education.**
2. **What is your approach to building positive relationships with students?**
3. **What satisfaction(s) do you get out of working with young people?**
4. **What are some ways a teacher can hold students accountable for academic productivity?**
5. **What, outside of your college preparation, will help you be an efficient teacher?**
6. **What personal reasons do you have for applying for this position?**
7. **What qualities do you bring to this position and why should we hire you?**

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 criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

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 and I agree that my misstatements or omissions of material fact may disqualify me for this position.

Signature of Applicant

Date

PERMISSION FOR BACKGROUND AND REFERENCE CHECK

May we conduct a personal background check, including contact of your references named in this application, as well as present and previous employers, including records of municipal, state, and federal law enforcement agencies, selective service system, and review other records related to this position? Additionally a negative drug screen is required prior to any offer of employment.

_____ Yes _____ No If no, please explain _____

_____ If yes, please provide your date of birth _____ Alias/Maiden Name _____

Signature of Applicant

Date

USDA Nondiscrimination Statement Update

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture. Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.