



# EAST TROY

## COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

### APPLICATION FOR EMPLOYMENT SUBSTITUTE TEACHER

*\*Include a copy of your WI Educator License with your application.  
\*Contact HR at 262-642-6710 x1224 to provide identification in person for Form I-9.  
\*Return to: East Troy Community School District c/o Substitute Applications  
2040 Beulah Ave., East Troy, WI 53120 | smiama@eastroy.k12.wi.us*

**Applicant Information:** Only complete applications will be considered.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Are you a US citizen?  Yes  No If no, are you eligible to work in the US?  Yes  No  
 Position(s) for which you are licensed: \_\_\_\_\_

**Educational and Professional Training** (List chronologically and include high school):

Date From:	Date To:	Name of School/University	State	Field of Study	Degree Type	Grad Year

**Student Teacher Experience** (List chronologically and include internships):

Date From:	Date To:	Name of School	State	School Division-City, County	Grade/Subject Level

**Teaching Experience** (List chronologically. Do not include substitute teaching):

Date From:	Date To:	Name of School	State	School Division-City, County	Position Held (Be specific)	Full/Part-Time

**Work Experience** (Other than teaching):

	Date From:	Date To:	Employer	City, State	Work Type
1					
2					
3					
4					
5					

**Military Experience:**

	Date From:	Date To:	Branch of Service	Occupational Specialist (MOS)	Type of Discharge
1					
2					

**Certification:**

Yes  No 1-Do you have a Wisconsin Teacher Certificate? If yes, complete below. If not, complete questions 2-3.

Certified Teacher License  Certified Substitute Teacher License  Non-Certified Substitute Teacher Permit

*Complete is WI Certified.* Position Code: \_\_\_\_\_ Subject Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*A copy of license must accompany application.*

Yes  No 2-Have you applied for a Wisconsin Teacher License? Date Applied: \_\_\_\_\_

Yes  No 3-Have you applied for a Wisconsin Teacher Permit? Date Applied: \_\_\_\_\_

**General Information:**

Days available to substitute:  Monday  Tuesday  Wednesday  Thursday  Friday

Grade(s) willing to substitute  Jr K-1st Grade  2nd-5th Grade  6th-8th Grade  9th-12th Grade or list: \_\_\_\_\_

Subject(s) willing to substitute  All or list: \_\_\_\_\_

**Criminal History:**

Yes  No Have you ever been convicted of any violations of law other than minor traffic violations?  
 Explain: \_\_\_\_\_

Yes  No Have you ever had a certificate or license revoked or suspended?  
 Explain: \_\_\_\_\_

Yes  No As of the date of this application, do you have any pending charges or proceedings against you?  
 Explain: \_\_\_\_\_

Yes  No Have you been convicted of any offense involving sexual molestation, physical or sexual abuse or rape of a child?  
 Explain: \_\_\_\_\_

**References:** It is the applicant's responsibility to have the following information provided to the East Troy Community School District in order to be considered for employment. The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not employed.

1-Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2-Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3-Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

My signature below authorizes the East Troy Community School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school and the reference source from any liability in connection with its release or use. This release includes the sources cited above the specific examples as follows: the local police, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Departments of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Further more, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school.

Your signature affirms that all of the information on this application is true to the best of your knowledge. Any false statements may lead to dismissal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed application and a Consent to Perform Investigative Consumer Report in Compliance with the FCRA (Fair Credit Reporting Act) form to:  
 East Troy Community School District, 2040 Beulah Ave, East Troy, WI 53120.**

*Nondiscrimination: The East Troy Community School District Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, sex or any other condition prohibited by federal or state law in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.*



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## CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

List any other name(s) used in all other records of birth or records of residence: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  M  F Social Security #: \_\_\_\_\_ Ethnicity:  Hispanic/Latino

Race:  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

\*As shown on the original application

\*\*To be used for criminal history checks only and not a part of the personnel file

List all counties and states of residence since high school graduation or age 18.

City: \_\_\_\_\_ St: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ County: \_\_\_\_\_

Complete the following questions regarding criminal history. If you answer yes to any of the questions, provide details in the space provided.

Yes  No Have you ever been convicted or plead guilty before a court for any federal, state or municipal offense? (exclude minor traffic violations)

State: \_\_\_\_\_ County: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

Yes  No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

State: \_\_\_\_\_ County: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

Yes  No Have you ever received probation or community supervision for any federal, state or municipal offense?

State: \_\_\_\_\_ County: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

Yes  No Have you ever been convicted of any criminal offense in a county outside the jurisdiction of the United States?

Country: \_\_\_\_\_ City: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Details: \_\_\_\_\_

Yes  No As of the date of this consent form, do you have any pending charges against you?

State: \_\_\_\_\_ County: \_\_\_\_\_ Arrest Date: \_\_\_\_\_ Details: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Arrest Date: \_\_\_\_\_ Details: \_\_\_\_\_

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

I hereby certify that all information provided in this consent form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that grounds for canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only Completed on: \_\_\_\_\_