



# Brodhead School District

Learning Today for a Better Tomorrow

2501 W. 5<sup>th</sup> Ave.  
Brodhead, WI 53520  
(608) 897-2141

## SUBSTITUTE TEACHER APPLICATION

Full Legal Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check (x) area(s) in which you are willing to substitute:

- |      |                      |
|------|----------------------|
| EC   | Music                |
| 4K   | Art                  |
| KG   | Physical Education   |
| 1-5  | Vocational Education |
| 6-8  | Special Education    |
| 9-12 | Spanish              |

Please identify area(s) you are **NOT** willing to substitute: \_\_\_\_\_  
\_\_\_\_\_

Do you have a four (4) year College Degree and Special Substitute License? YES NO  
Do you have a four (4) year Education Degree and Regular D.P.I. Certification? YES NO  
Expiration Date of Special License and/or D.P.I. Teacher Certification: \_\_\_\_\_

College from which you graduated: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_ Major: \_\_\_\_\_  
Minor: \_\_\_\_\_

Areas in which you are certified: \_\_\_\_\_

Please identify any restrictions on your availability to substitute (i.e. - only available on certain days, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Employment references (especially schools where you have taught):

	<u>Name of School or District</u>	<u>Telephone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**A copy of your Wisconsin Teaching Certificate and/or Special License must be attached to this application.**

**(OVER)**

# AUTHORIZATION, RELEASE AND CERTIFICATION

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? YES NO  
[If yes, provide further information as to the offense(s), date, location of court, and so forth.]

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is **not** contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the District, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I certify I have read (or have had read to me) and understand this authorization, release and certification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Applicant's Name (print or type)

\_\_\_\_\_  
Applicant's Signature

For use with positions **not** covered by the Master Agreement between the Board of Education and the Brodhead Education Association.

The School District shall not discriminate on the basis of any protected category under Wisconsin or Federal Statute.

**FOR OFFICE USE ONLY**

Background Check Completed: Yes No

Date: \_\_\_\_\_