

SUBSTITUTE TEACHER APPLICATION

ALGOMA SCHOOL DISTRICT

1715 Division Street, Algoma, WI 54201
Phone: 920.487.7001 Fax: 920.487.7016

Last Name		First Name		MI	
Address					
City/State		Zip		Telephone	
E-Mail				Alt. Telephone	

ReadySub: We use this program for our substitutes. Once your application is approved & background check completed, we will set you up in ReadySub and you will receive a welcome email with login information from them. You can login and setup preferences for method of contact, availability, etc. Tutorials for ReadySub are available on our website:

<https://algomawolves.org/district/employment/substitutue-teachers/>

EDUCATIONAL BACKGROUND

Name of School	Dates Attended	Diploma/Degree	Major/Minor
Do you hold a valid WI Teaching License? YES <input type="checkbox"/> NO <input type="checkbox"/>			License #
Certification Position #	Subject #		Expiration Date

COPY OF LICENSE CERTIFICATION MUST BE ATTACHED

TEACHING EXPERIENCE/EMPLOYMENT HISTORY

Employer Name	Address/Phone	Position	Dates Employed/Reason for Leaving

PROFESSIONAL REFERENCES

Name	Telephone	Organization/Position

Have you ever pleaded guilty to, or been convicted of a misdemeanor or felony, or are charges pending?

YES NO If yes, provide further information as to the date, location of court, nature of the offense, etc. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (The Algoma School District will consider your record only as it may substantially relate to the job applied for). _____

Have you ever been dismissed, non-renewed, or resigned from employment in lieu of a potential dismissal or non-renewal for any of the following reasons: failure to meet District performance expectations, incompetence, inefficiency, neglect of duty, unprofessional conduct, or insubordination? YES NO

Do you have any handicapped condition(s) which might affect your ability to perform effectively in the position for which you are applying? YES NO If yes, what accommodations can the school district provide to assist you? _____

(OVER)

To complete your application, please include a letter of interest, resume, license, and a minimum of three references.

AUTHORIZATION, RELEASE, AND CERTIFICATION

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 or information provided 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 this application will be considered inactive after one year.

I certify I have read and understand this authorization, release, and certification.

Applicant's Signature _____ **Date** _____

It is the policy of the Algoma School District to provide equal employment opportunities to all qualified persons without regard to age, race, creed, color, religion, disability, marital status, sex, national origin, ancestry, sexual orientation, physical condition, arrest record, conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or this State, or use or nonuse of lawful products off the premises during nonworking hours.

FOR OFFICE USE ONLY:

Substitute Approved: **YES** **NO**

Signature: _____ **Date:** _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Algoma School District (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize **The Algoma School District** ("the Company") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

Signature: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First	Middle	
Last Name		First	Middle	
Last Name		First	Middle	
Home Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date of Birth	Social Security No.		Gender	Race
Drivers License Number		State Issued	Expires	