

Substitute Application Verification

Applicant Name _____ Date _____

Address _____

Telephone _____

Please check all that apply: LES LMHS

Regular Education Teacher Special Education Teacher

Regular Education Aid Special Education Aide

Custodian Food Service Clerical

Please list any subjects or locations that you may prefer: _____

Any subjects or locations not interested in subbing: _____

For Office Use Only: *Required Documents*

- Application/Credentials
- Background Check
- W4 State & Federal
- I-9 Employment Eligibility
- Direct Deposit (Required)
- Teaching License Verification
- Physical/CDL (Bus Driver Only)

Date Application Approved: _____

EMPLOYMENT APPLICATION

SCHOOL DISTRICT OF LADYSMITH IS AN EQUAL OPPORTUNITY EMPLOYER

The Board of Education's policy on non-discrimination shall comply with state and federal statutes. No person shall be denied employment because of age, race, creed, color, handicap, marital status, sex, national origin, ancestry, sexual orientation, political affiliation, arrest record, conviction record or religion.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

CERTIFICATIONS REQUIRED FOR POOL/ATHLETIC FACILITY
LIFEGUARD : EXPIRES
FIRST AID : EXPIRES
CPR/AED : EXPIRES

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$	Ending Salary \$		
Responsibilities					
From		To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$	Ending Salary \$		
Responsibilities					
From		To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$	Ending Salary \$		
Responsibilities					
From		To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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