



# RIPON AREA SCHOOL DISTRICT

P.O. Box 991

Ripon, WI 54971

Phone: 920-748-4600 ~ Fax: 920-748-2715 ~

www.ripon.k12.wi.us

## APPLICATION FOR EMPLOYMENT- SUBSTITUTE TEACHER

Please include a copy of your resume and all teaching and professional certificates or licenses.

<b>GENERAL INFORMATION</b>			
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Cell Phone Number	Email Address		
Have you ever worked for the Ripon Area School District under a different name? If yes, what name?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously filed an application under your present name or a different name? If yes, when?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years old or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you're applying either with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>EDUCATION</b>			
Highest Level of Education Completed: <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> MS <input type="checkbox"/> PhD			
College Name	City	State	
College Name	City	State	
Do you have a valid license issued by the Wisconsin Department of Public Instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No		ELO Number:	
Do you hold a certified DPI teaching license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold a substitute teaching license with the required CESA 6 substitute teaching training? (If no and training is needed it will be scheduled.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY**

<b>1</b>	Name of Employer		Dates Employed (MM/YY – MM/YY)	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position	Reason For Leaving		
<b>2</b>	Name of Employer		Dates Employed (MM/YY – MM/YY)	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position	Reason For Leaving		
<b>3</b>	Name of Employer		Dates Employed (MM/YY – MM/YY)	
	Address	City	State	Zip Code
	Name and Title of Supervisor		Work Telephone of Supervisor	
	Position	Reason For Leaving		

**PERSONAL REFERENCES**

<b>1</b>	Name	Telephone
	Email Address	Relationship
<b>2</b>	Name	Telephone
	Email Address	Relationship

## Employment Background Check Application

The following information will be used only to complete the background check, not for hiring purposes.

Position Title: \_\_\_\_\_

Location: \_\_\_\_\_

PERSONAL INFORMATION				
Last Name	First Name	Middle Name		
Maiden Names/Other Names		Date of Birth	Social Security #	
Driver's License Number		State of Issue		

CURRENT AND PREVIOUS ADDRESSES				
Years at Address	Current Address	City	State	Zip
Years at Address	Previous Address	City	State	Zip
Years at Address	Previous Address	City	State	Zip
Years at Address	Previous Address	City	State	Zip

BACKGROUND INFORMATION		
Have you ever been convicted of a violation of law, including a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Are any criminal charges or proceedings pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever been investigated by any agency for alleged immoral or illegal conduct or incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever resigned, been disciplined or dismissed from any position for immoral or unprofessional conduct or for unfitness for service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever resigned, been suspended or discharged due to conduct, including harassment, relating to the health, welfare, safety or education of any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain

By signing below, I certify that the answers given by me to the foregoing questions and/or statements including all attachments and submittals in support of this application are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

*The Ripon Area School District Board does not discriminate on the basis of race; color; national origin; age; sex (including transgender status, change of sex, sexual orientation, or gender identity); pregnancy; creed or religion; genetic information; handicap or disability (in accordance with Policy 3123, AG 3123A, and AG 3123B); marital service; citizenship status; veteran status; military service (as defined in 111.32, Wis. Stats.); national origin; ancestry; arrest record; conviction record (in accordance with Policy 4121); use or non-use of lawful products off the District's premises during non-working hours); declining to attend an employer-sponsored meeting or to participate in any communication with the employer about religious matters or political matters; or any other characteristic protected by law in its employment practices.*