

**SCHOOL DISTRICT OF THREE LAKES**  
6930 W SCHOOL STREET • THREE LAKES WI 54562  
Administrative Office (715) 546-3496

**APPLICATION FOR EMPLOYMENT - SUBSTITUTE**

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability/handicap, or any other legally protected status.

NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

TYPE OF SUBSTITUTE:     TEACHING (CERTIFIED)             MISCELLANEOUS

WILL SUB AT:     THREE LAKES     SUGAR CAMP     BOTH

AVAILABLE:     ANY DAY    NOT AVAILABLE: \_\_\_\_\_

**TEACHING SUBSTITUTE INFORMATION (PROVIDE COPY OF LICENSE)**

WILL SUB FOR (GRADES):     K-12     ELEMENTARY     JR/SR HIGH    OTHER \_\_\_\_\_

PREFERRED SUBJECTS, IF ANY: \_\_\_\_\_

PREFER NOT TO SUB FOR (SUBJECTS), IF ANY: \_\_\_\_\_

**MISCELLANEOUS SUBSTITUTE INFORMATION**

AREA PREFERRED (OFFICE, CUSTODIAL, KITCHEN, ETC.) \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE**

EMPLOYER	ADDRESS	POSITION	HIRE DATE	DATE LEFT

**FORMAL EDUCATION**

NAME OF SCHOOL	CIRCLE LAST YEAR COMPLETED	INDICATE DIPLOMA, DEGREE OR NUMBER OF SEMESTER HOURS EARNED
(High School)		
	9    10    11    12	
(Undergraduate Work)		
	1    2    3    4	
(Graduate Work)		
	5    6	

**GENERAL INFORMATION**

1. Do you have the legal right to work in the United States?    \_\_\_Yes    \_\_\_No  
If not, why? \_\_\_\_\_
  
2. Have you ever been convicted of a crime except a minor traffic violation?  
\_\_\_Yes    \_\_\_No. If so, state citation, date, court, and place where offense  
occurred. \_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever been discharged or requested to resign from a position?  
\_\_\_Yes    \_\_\_No. If yes, give circumstances \_\_\_\_\_  
\_\_\_\_\_
  
4. Have you applied for a job with us before?    \_\_\_Yes    \_\_\_No
  
5. Are you employed now?    \_\_\_Yes    \_\_\_No

**REFERENCES**

Give names of three references who have first-hand knowledge of your character, personality and scholarship. Do not list relatives.

NAME	ADDRESS	PHONE	OFFICIAL POSITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PERSONAL STATEMENT

Prepare a hand-written statement to include any experience or talent which in your estimation will contribute to your success in the position for which you are making application.

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JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take a test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for thirty days from the date completed, after which time I would have to reapply in accordance with established district procedures.

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Signature of Applicant

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Date

# APPLICANT'S Disclosure & Consent RELEASE OF INFORMATION

## APPLICANT INFORMATION (Please Print)

School District of Three Lakes

Account Number: 101101191

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No.:	City: State: Zip:
Driver's License No.:	State: Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

\* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

### NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

#### NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("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, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. 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 education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

#### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" 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, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if 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.

**APPLICANT:**

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_



Fax to (770) 984-8997