

## WEST SALEM SCHOOL DISTRICT SUBSTITUTE APPLICATION FORM

(Your name will be put on our list for calling substitutes if needed to fill in for regular employees on an on call basis.)

<b>Name</b>				
<b>Address</b> (Street, city, state)				
<b>Phone Number</b>				
<b>In Case of Emergency Contact</b>			<b>Phone</b>	
<b>Social Security Number</b>				
<b>Certification</b> (Please include grade level, area, and expiration date)				
<b>Subject Area Preferred</b>				
<b>Please circle your choices:</b> <b>Elementary School</b> <b>Middle School</b> <b>High School</b> <b>Any</b>				

### Educational Preparation and Training

Name & Location	Type of Training	Dates Attended

Work Experience (Teachers please list all past teaching experience)


**Please return to:** West Salem School District Office, 405 E Hamlin Street, West Salem Wisconsin 54669 **along with a copy of your Wisconsin Teacher's License.**

If you are applying to be a substitute and are not a certified teacher, please specify area of interest, i.e. clerical, classroom aide, playground aide, kitchen area, or custodial.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**