

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.)

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

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

WEST SALEM SCHOOL DISTRICT
CRIMINAL BACKGROUND CHECK PERMISSION FORM

I hereby give the School District of West Salem permission to conduct a criminal background check before employment and periodically thereafter, while employed with the School District.

NAME (PLEASE PRINT): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

GENDER (CIRCLE ONE): M F

SIGNATURE OF APPLICANT

DATE