

SUBSTITUTE TEACHING APPLICATION

Durand-Arkansaw School District
604 7th Avenue East; P.O. Box 190
Durand, WI 54736

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street/PO Box) (City) (State) (Zip Code)

Phone Numbers: _____
(Home) (Cellular)

Circle the preferred phone number for Frontline sub calling system to use.

Email Address: _____

University Attended: _____ Year of Graduation: _____

Degree Awarded and Major: _____

Academic Areas of Wisconsin Teacher Certification: _____

Submit a copy of your Wisconsin Teacher License with this application.

Special Comments: _____

Conduct and Competency

Have you ever been convicted of a misdemeanor or felony in this state or any other state or country?

Yes No

Have you ever been dismissed or non-renewed, or resigned from employment in-lieu-of a potential dismissal or non-renewal, for any of the following causes: failure to meet the district's performance expectations, incompetence, inefficiency, neglect of duty, unprofessional conduct, or insubordination?

Yes No

For any "Yes" response, attach a written explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised.

I understand that the information contained in this application is true and complete to the best of my knowledge and that any false or misleading job related information may disqualify me for this position, or if employed, may be grounds for immediate discharge.	
_____ Signature of Applicant	_____ Date