

Application for Employment SUBSTITUTE – Support Staff



Cassville School District
715 E Amelia St.
Cassville, WI 53806
(608) 725-5116

PERSONAL INFORMATION				
Last Name		First Name		Middle
Address		City	State	Zip
Home Phone:	Cell Phone:	Email address:		
Social Security Number:				

WORK EXPERIENCE			
Employer Name	Address	Dates Employed	Position/Title

Other training, certifications or licenses held:

SUBSTITUTING PREFERENCES:
What days are you available to substitute (circle all that apply): M Tu W Th F
Areas interested in substituting for (check all that apply): <input type="checkbox"/> Educational Assistant/Aide <input type="checkbox"/> Kitchen/Cook <input type="checkbox"/> Secretary <input type="checkbox"/> Janitor
Any special notes or requests:

Signature of Applicant: _____

Date: _____