

# Application for Employment SUBSTITUTE – Teacher



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:				

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held:

WORK EXPERIENCE			
Employer Name	Address	Dates Employed	Position/Title

SUBSTITUTING PREFERENCES:	
What days are your available to substitute (circle all that apply):    M Tu W Th F	
Grade Levels/Subjects Preferred:	
<input type="checkbox"/> 4K <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 3rd Grade	<input type="checkbox"/> 4th Grade <input type="checkbox"/> 5th Grade <input type="checkbox"/> 6th Grade <input type="checkbox"/> Grades 7-12 (All Subjects) <input type="checkbox"/> Grades 7-12 (Specific Subjects) _____
Do you currently hold a valid teaching or substitute teaching license or permit in WI?    Yes ___ No ___ (A valid license or permit must be provided upon first day of substitute assignment)	
Are you also interested in substituting in any other areas?	
<input type="checkbox"/> Educational Assistant/Aide <input type="checkbox"/> Kitchen/Cook <input type="checkbox"/> Secretary <input type="checkbox"/> Janitor	

Signature of Applicant: \_\_\_\_\_

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