



School District of Jefferson

206 S. Taft Ave., Jefferson, WI 53549

Phone: (920)675-1000 Fax: (920)675-1020

www.sdoj.org

Substitute Application

Position

Applying for: Substitute Food Server Substitute Custodian Substitute Driver/Transportation Aide

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Email: _____

Do you have any pending arrests for crimes which affect the essential functions of the job for which you are applying? YES NO Have you ever worked for the District? 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
Have you ever been convicted of a felony or misdemeanor? YES NO

If yes to any of the above, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Availability & Preferences

Please check all times for which you are available:

- Full Days Specify the days of the week you are available:
- Mornings Only Monday Tuesday Wednesday Thursday Friday
- Afternoons Only

Please check below which schools you would be willing to sub at:

- East Elementary West Elementary Sullivan Elementary Jefferson Middle School Jefferson High School

Employment History

List in order from most recent employer through past employment.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the School District of Jefferson and will be kept active for one year. The District reserves the right to accept or reject this application. I further agree to observe all rules, regulations, and policies of the District

Signature: _____ Date: _____

I hereby authorize the District to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment. I understand that I may be contacted, at a later date, by the District to obtain the necessary information that may be needed to conduct the above mentioned inquiries. Furthermore, I release all parties from liability for any damage that may result from furnishing same to you.

Signature: _____ Date: _____