



SCHOOL DISTRICT OF CAMBRIDGE  
 403 BLUE JAY WAY  
 CAMBRIDGE, WI 53523  
 608-423-4345

## EMPLOYMENT APPLICATION: SUBSTITUTE TEACHER

POSITION APPLIED FOR: \_\_\_\_\_

Where did you hear about this position? \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_ Expected Salary Range \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (required to perform background check) \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Have you ever been convicted of or do you have pending any violations of law other than minor traffic violations? (In accordance with State Law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances particular to the position).  No  Yes if yes, please explain \_\_\_\_\_

*The School District of Cambridge reserves the right to conduct a criminal background check prior to offering a position to an individual*

### EDUCATION AND TRAINING

Formal Training Beyond High School (List most recent first)

Post High School Education/Training

| Name and Location | Dated Attended: From/To | Major | Degree Conferred/Year |
|-------------------|-------------------------|-------|-----------------------|
| _____             | _____                   | _____ | _____                 |
| _____             | _____                   | _____ | _____                 |
| _____             | _____                   | _____ | _____                 |

### LICENSE

State \_\_\_\_\_ License expires \_\_\_\_\_

Certification Level

Code \_\_\_\_\_ Description \_\_\_\_\_

Certification Field

Code \_\_\_\_\_ Description \_\_\_\_\_

**PLEASE LIST ALL OF THE STATES OUTSIDE OF THE STATE OF WISCONSIN IN WHICH YOU HAVE LIVED SINCE AGE 16**

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**WORK EXPERIENCE**

Current District/Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

Duties \_\_\_\_\_

Previous District/Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

Duties \_\_\_\_\_

**INFORMATION CHECKLIST**

When applying for a posted opening, it is the applicant's responsibility to provide up-to-date information as indicated. An incomplete file may exclude an applicant from consideration.

**OFFICE USE ONLY**

- Application
- License

**WOULD YOU BE AVAILABLE FOR:**

- Short Term Substitute Teaching?
- Three Weeks or More?
- Full Time Emergency Teaching?

Preference for Substituting    AM     PM

Any other helpful information regarding your availability to substitute  
teach. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*My signature attests to the completeness and accuracy of the information herein and also constitutes authority to verify any and all information submitted on this application, including contacting past employers. I also understand that any false statements or omissions may lead to my not being considered for employment or, if offered employment, my dismissal.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The School District of Cambridge is an equal opportunity employer.