

WA-NEE COMMUNITY SCHOOLS
1300 North Main Street
Nappanee, IN 46550-1015

<i>For Office Use Only</i>	
<input type="checkbox"/>	Reference check
<input type="checkbox"/>	Expanded Criminal Background Check
<input type="checkbox"/>	Drug Test
<input type="checkbox"/>	Sexual Offender Check
<input type="checkbox"/>	CPS Check

SUBSTITUTE TEACHING APPLICATION

(A Smoke-Free and Drug-Free Workplace)

Wa-Nee Community Schools supports the principle that all persons are entitled to equal employment opportunities without regard to race, religion, color, marital status, national origin, sex, age, handicapping conditions or limited English proficiency. If you are unable to complete this application without an accommodation, please let us know so that an alternative arrangement can be made.

NAME: _____ (maiden) _____ DATE: _____

ADDRESS: _____
Street City State Zip

TELEPHONE #: (____) _____ SOCIAL SECURITY #: ____/____/____

I am interested in substituting in the following areas:

____ Elementary (K-5) ____ Middle (6-8) ____ Secondary (9-12) ____ All Areas

Days/Times available (AM or PM) ____ Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ All

Other: _____

If you have had experience working with children, indicate where, length of time, etc.

Why are you seeking this type of work? _____

The State of Indiana requires that all substitute teachers hold either a valid Indiana Teacher's License or a valid Indiana Substitute Teacher's License. Do you have one of the above licenses? _____
 If yes, please attach a copy to this application.

EDUCATION				
SCHOOL ATTENDED	LOCATION CITY-STATE	NO. YEARS ATTENDED	GRADE COMPLETED	DEGREE/ EDUCATION?
HIGH				-----
COLLEGE				
TECHNICAL				

EXPERIENCE: LIST IN CHRONOLOGICAL ORDER				
NAME OF FIRM, INSTITUTION ASSOCIATION OR ORGANIZATION	CITY AND STATE	PERIOD OF SERVICE GIVE EXACT DATES	TYPE OF WORK	REASON FOR LEAVING
1.				
2.				
3.				

Three references are REQUIRED. Give names and addresses of persons for whom you have worked and are now working. One name may be a personal reference. The complete mailing address MUST be included. All references may be requested to complete a written inquiry.

REFERENCES		
NAME	COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	RELATION TO YOUR WORK
1.		
2.		
3.		

Substitute Teacher Information

- Do you have a valid Indiana Teaching License
 If yes, what is the expiration date? ___ Yes ___ No

- Do you have a valid Indiana Substitute Certificate?
 If yes, what is the expiration date?
 If yes, is it a five-year or one-year? ___ Yes ___ No

- Have you enrolled in Indiana Teachers' Retirement?
 If yes, what is your TRF number? ___ Yes ___ No

The above information is required by the State of Indiana. Without this information, Wa-Nee Community Schools will be unable to process your paycheck.

Please complete this form and return it to:

Wa-Nee Community Schools
 1300 North Main Street
 Nappanee, IN 46550-1015

ACKNOWLEDGMENT OF TERMS OF APPLICATION

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. I understand that future employment may be terminated if I have misrepresented information submitted.

AUTHORIZATION

I understand that if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Signature _____ Date _____

Please print your name _____ Social Security Number ____/____/____

Please print your complete address

Birth Date (only for purposes of requesting Criminal History information) _____

This document and accompanying information will be destroyed within **ONE (1) YEAR** of the date it is received unless the applicant becomes employed by this district. **THIS SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, NATIONAL ORIGIN, DISABILITY, RELIGION OR AGE.**

REQUEST FOR BACKGROUND INFORMATION

- A. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? Yes ___ No ___ If yes, explain the circumstances on a separate sheet and attach it to this application.
- B. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? Yes ___ No ___ If yes, explain the circumstances on a separate sheet and attach it to this application.
- C. Have you been investigated for, charged with or plead guilty or "no contest" to a crime that has not been expunged or otherwise remains a public record and which involves the sexual abuse of any person or indecency with a minor? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
- D. Have you ever been convicted of a crime other than a minor traffic offense that has not been expunged or otherwise remains a public record? Yes ___ No ___ Include convictions for traffic offenses involving the use or possession of alcohol or controlled substances, or offenses in connection with accidents involving serious injury to persons or property. If yes, please describe on a separate sheet of paper the nature of the offense, the name of the court entering the convictions, the date of the incident giving rise to the conviction and any other information concerning the circumstances you consider relevant.
- E. Have you ever been charged with a crime, other than a minor traffic offense that has not been expunged or otherwise remains a public record, in which the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or educational program? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.

An unintentional misrepresentation or affirmative answer provided by you on this application is not an automatic bar to employment. Wa-Nee Community Schools will consider the nature of any such conviction of public record or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

AUTHORIZATION AND RELEASE

I authorize Wa-Nee Community Schools to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide Wa-Nee Community Schools any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUEST FOR, OR PROVISION OF SUCH INFORMATION, ANY CLAIMS OR CAUSES OF ACTION, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLICTION OF EMOTIONAL DISTRESS, INVASION OF PRIVACY OR INTERFERENCE WITH CONTRACTUAL RELATIONS THAT I MIGHT OTHERWISE HAVE AGAINST WA-NEE COMMUNITY SCHOOLS, ITS OFFICIALS, EMPLOYEES, TRUSTEES OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION.

I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN. FURTHERMORE, IT IS UNDERSTOOD THAT THIS APPLICATION AND RECORDS BECOME THE PROPERTY OF WA-NEE COMMUNITY SCHOOLS, WHICH RESERVES THE RIGHT TO ACCEPT OR REJECT IT. I FURTHER AGREE TO OBSERVE ALL RULES, REGULATIONS, AND POLICIES OF WA-NEE COMMUNITY SCHOOLS.

Signature _____ Date _____

Please print your name _____ Social Security Number ____/____/____

Please print any other name(s) which you have previously used: _____

Please print your complete address _____

Birth Date (only for purposes of requesting Criminal History information) _____

WAIVER – Non-Teaching

Public Law 93-380

“Family Educational Rights and Privacy Act of 1974”

I, _____ being aware of the provisions of Public Law 93-380, “Family Educational Rights and Privacy Act of 1974,” hereby affix my signature and provide a waiver of the above provisions.

I hereby grant authorization to the Wa-Nee Community Schools to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporations.
2. Request credentials from all educational institutions I have attended.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Office of the Superintendent, Wa-Nee Community Schools.
2. Any or all educational institutions I have attended to release my placement credentials on request, to the Office of the Superintendent, Wa-Nee Community Schools.

Signature of applicant

Date

Wa-Nee Community Schools does not discriminate in any practice in the operation of the school system upon the basis of sex, race, color, religion, creed, national origin, handicap or veteran’s status and will not permit discriminatory practices to be employed by anyone in the school system upon the basis of sex, race, color, religion, creed, national origin, handicap or veteran’s status.

I hereby certify that to the best of my knowledge and belief the foregoing statements are true, correct and complete. I further understand that this application will become part of my personal file should I be employed by the Wa-Nee Community Schools; that the information provided will be verified; and that falsification of any information submitted on this application may be cause for dismissal from service.

Signature of applicant

Date