

# Substitute Application for Potosi School District

Please circle the areas you would like to sub in:

Pay:

Teacher

\$100.00 / day

Teacher Aide

\$9.00 / hour

Kitchen

\$9.00 / hour

Maintenance

\$9.00 / hour

Secretary

\$9.00 / hour

Please circle the schools you would like to sub in:

Elementary

PK KG 1 2 3 4 5

Middle School

6 7 8

High School

9 10 11 12

Areas you *don't* want  
to sub

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Circle Days Available:

M T W TH F

License # (sub-teacher only) \_\_\_\_\_

License Held \_\_\_\_\_

Please list any skills applicable to position applied for:

**District Office must receive copies of the following prior to your first day:**

\*Teacher License

\*Social Security Card

\*Driver's License

Please return forms to:

Mail 128 US Hwy 61 N  
Potosi, WI 53820

Fax (608) 763-2035

Email [abellc@potosisd.k12.wi.us](mailto:abellc@potosisd.k12.wi.us)

Phone (608) 763-4805

Christa Abell

**Potosi School District  
128 Hwy 61N  
Potosi, WI 53820**

**Authorization, Release, and Certification Statement**

I authorize the Potosi School District to investigate my personal employment history and I authorize any former employer, person, firm, corporation or government agency to give the Potosi School District any information regarding my employment history.

If I should be offered a position, I understand that a crime information records check will be conducted on me through the Wisconsin Department of Justice. (A criminal record does not constitute an automatic bar to employment and will be considered only if the circumstances of the conviction relate to the circumstances of the particular job in question.)

In consideration of the Potosi's School District's review of this application, I release from all liability and/or legal claims the Potosi School District and every person seeking or providing information, whether it be oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

If employed, I agree to comply with all the rules and regulations of the Potosi School District. I also understand that employment is subject to the satisfactory investigation of the application. I understand any false statements or misrepresentation of facts are grounds for dismissal. I hereby certify that the statements above are true and correct to the best of my knowledge and belief.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_