



WILSON SCHOOL DISTRICT
 3025 EAST FILLMORE STREET • PHOENIX, ARIZONA 85008
 (602) 681-2200 • FAX (602) 275-7517
 Web Site: www.wsd.k12.az.us

SUBSTITUTE TEACHER APPLICATION
Personal Information

DATE _____

LAST NAME _____ FIRST NAME _____ M.I. _____

SOCIAL SECURITY NUMBER _____

(PRINT SAME NAME AS ON SOCIAL SECURITY CARD)

Have you been known by a first or last name(s) other than the one provided on this application? Yes No

List Name(s) _____

MAILING ADDRESS _____
 Street City State Zip Code

HOME PHONE _____ MESSAGE PHONE _____

BIRTHDATE _____

If you meet the qualifications for substitute teaching, your birth date is required for payroll purposes only.

Are you a U.S. Citizen or eligible to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you currently a WSD employee? Yes No

Date of Hire _____ Current Work Site _____ Current Position _____

Are you a former employee of the Wilson Elementary School District? Yes No

If "Yes" please list position and dates: _____

EMERGENCY CONTACTS: List name and number of two people we can contact in case of emergency

Name	Relationship	Phone Number

PERSONAL REFERENCES: List name and complete address of two references who are familiar with your personality, character and/or work habits

Name	Years Known	Occupation	Address	City	State	Phone

Education/Work History

List Colleges, Universities, Trade/Technical or Training Institutions

College or University	Dates From:	Dates To:	Major	Minor	Degree(s) Earned	Date(s) Earned

Trade/Technical or Training Institution	Dates From:	Dates To:	Subjects Studied	Certification/License Completion Awarded

TEACHING, PRACTICE TEACHING OR VOLUNTEER EXPERIENCE

Name of School: _____ Phone: _____ Ext. _____
 Address: _____
 Grade: _____ Employed From/To: _____

Name of School:	_____	Phone:	_____	Ext.	_____
Address:	_____				
Grade:	_____	Employed From/To:	_____		

Name of School:	_____	Phone:	_____	Ext.	_____
Address:	_____				
Grade:	_____	Employed From/To:	_____		

Summarize special skills and qualifications acquired from employment or other experience:

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that the agents of the Wilson Elementary School District may review any document relevant to this information. I authorize the Wilson Elementary School District to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

SIGNATURE _____

DATE__ _____

Conviction Report

REQUIRED FOR ALL CATEGORIES OF EMPLOYEES

The following information is needed regarding criminal convictions. A record of conviction does not prohibit employment; however, failure to complete this report accurately and completely shall result in disqualification from consideration for employment, or may be cause for dismissal or result in prosecution for filing false information with a public agency. Applicants and employees must also report any convictions that occur subsequent to completing this report. Questions regarding this report may be directed to the Human Resources Department at 602-681-2204. Please read carefully, answer every question, and sign and date the bottom.

Social Security Number:

Last Name:	First Name:	M.I.
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Other Name Used:	Date of Usage:
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- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been convicted of a minor offense other than traffic violations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you ever been convicted of a drug-related offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you ever been convicted of a sex-related offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you ever been convicted of any of the following? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a. sexual abuse of a minor | | |
| b. Incest | | |
| c. First or second degree murder | | |
| d. Kidnapping | | |
| e. Arson | | |
| f. Sexual assault | | |
| g. Sexual exploitation of a minor | | |
| h. Felony offenses involving contributing to the delinquency of a minor | | |
| i. Commercial sexual exploitation of a minor | | |
| j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs | | |
| k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs | | |
| l. Burglary | | |
| m. Aggravated or armed robbery | | |
| n. Robbery | | |
| o. A dangerous crime against children as defined in ARS 13 –604.01 | | |
| p. Child abuse | | |
| q. Sexual conduct with a minor | | |
| r. Molestation of a child | | |
| s. Manslaughter | | |
| t. Assault or aggravated assault | | |
| u. Exploitation of minors involving drug offenses. | | |

If any of the above answers are marked “YES”, fill in the information below.

Conviction Charge(s):

Date of Conviction:

City/State:	Amount of fine:
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Length of jail term:	Length and Terms of Probation:
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Comments:

CONVICTION means a final judgment on a verdict or a finding of guilt, or a plea of nolo contendere (No Contest), in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgement that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained here in and understand that the agents of Wilson Elementary School District review any document relevant to this information. I authorize the Wilson Elementary School District to make reference checks and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. **I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.**

THIS PAGE MUST BE SIGNED WITH ORIGINAL SIGNATURE AND DATE

Signature	Date
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INFORMATION FOR SUB COORDINATOR

LIMITATIONS

Are you available every day? Yes No
If not, when are you available? _____
Will you work in any area of the city? Yes No
If not, in what geographic areas will you work? _____

Do you use personal or public transportation? _____
Are you bilingual? (Spanish/English) Yes No
If not, would you be willing to cover a bilingual class? Yes No

GRADES

Please indicate the grades you will teach

Primary (K-3) **Elementary (4-8)**

CLASSES

Please indicate the classes you will teach:

English <input type="checkbox"/>	Math <input type="checkbox"/>	Science <input type="checkbox"/>	Social Studies <input type="checkbox"/>
PE <input type="checkbox"/>	Music <input type="checkbox"/>	Art <input type="checkbox"/>	Library <input type="checkbox"/>
Electives			
ESL <input type="checkbox"/>	Business Ed <input type="checkbox"/>	Computers <input type="checkbox"/>	Photography <input type="checkbox"/>
Counselor <input type="checkbox"/>	Dance <input type="checkbox"/>	Drama <input type="checkbox"/>	Health <input type="checkbox"/>
Technology <input type="checkbox"/>	Journalism <input type="checkbox"/>	Media <input type="checkbox"/>	Other <input type="checkbox"/>
Industrial Arts <input type="checkbox"/>	In-House Detention <input type="checkbox"/>	Foreign Language (specify) <input type="checkbox"/>	_____

Special Education

ED (Emotionally Disabled) <input type="checkbox"/>	Gifted <input type="checkbox"/>
LD (Learning Disabled) <input type="checkbox"/>	HI (Hearing Impaired) <input type="checkbox"/>
MD (Multiple Disabilities) <input type="checkbox"/>	OI (Orthopedically Impaired) <input type="checkbox"/>
MIMR/MOMR (Mild/Moderate Mental Retardation) <input type="checkbox"/>	VI (Visually Impaired) <input type="checkbox"/>
Project Able (4 year olds) <input type="checkbox"/>	Adaptive PE <input type="checkbox"/>
Cross Categorical/Resource <input type="checkbox"/>	