

**SCHOOL DISTRICT OF WABENO AREA
SUBSTITUTE TEACHER INFORMATION SHEET**

To be completed for all substitute teachers:

Name: _____

Address:

First Phone Number: (_____) _____

Second Phone Number: (_____) _____

Email: _____

_____ **Yes, I will be able to substitute teach during the 2017-2018 school year.**

Certification/License Information:

Please include an updated license when returning this form.

_____ **I am certified (degreed) teacher**

Certification _____

_____ **I hold a Substitute Teacher License in the State of Wisconsin.**

Grade Levels/Areas of availability for Subbing: _____

Grade Levels/Areas not wanting to for Sub for: _____

Availability: (i.e. Daily, Prior Notice Only etc.)

Other Pertinent Information:

Please return to: The School District of Wabeno Area, Attn: Substitute Teacher App., PO Box 460, Wabeno, WI 54566

The School District of Wabeno Area is an Equal Opportunity employer. The School District does not discriminate against applicants or employees based on race; age; sex or sexual orientation; creed or religion; color; handicap or disability; marital, citizenship, or veteran status; membership in the National Guard, state defense force, or reserves; national origin or ancestry; arrest or conviction record; use or non-use of lawful products off the District's premises during non-working hours; or any other characteristic protected by law.