

**CHISAGO LAKES SCHOOLS, ISD #2144
Substitute Application**

OFFICE USE ONLY
 Name: _____ PR pkt done: ___/___/___
 CBC done: ___/___/___ Discrep: Y/N
 AESOP letter sent: ___/___/___ BBP/RTK quiz done: ___/___/___

Name: _____

Email: _____

Address/City/Zip: _____

Telephone Numbers: Home: () - - Cell: () - -

PLEASE NOTE: *If you wish to sub for clerical, paraprofessional, or teaching positions, you MUST fill out a payroll packet and turn it in with this application. Food service and custodial subs will fill out the packet upon request of the District Office.*

Payroll packet info (clerical, paraprofessional, and teacher subs):

****W-4 form:** (Print name as on your Social Security card.)

****Criminal Background Check form:** *Must be completed before you are authorized to sub.*

****I-9 form (green sheet):** *fill in the top portion only (plus we need to see or have copies of appropriate IDs; see reverse side of I-9 form for list of IDs).*

Position(s) you'd like to sub for:

Clerical Custodial Food Service Paraprofessional

Teacher sub (You must be licensed by the state of Minnesota to sub teach in this district)

** Please attach a copy of your license or indicate your file folder number: # _____

New Substitutes: Please list your current / most recent employer(s):

Name of Employer:	Title of Position:	Dates From To	Total Time Years Mos
City and State:	Name of Supervisor & Phone #:	Full-Time or Part-time	Last Salary

Describe in detail the work for which you are/were responsible:

Name of Employer:	Title of Position:	Dates From To	Total Time Years Mos
City and State:	Name of Supervisor & Phone #:	Full-Time or Part-time	Last Salary

Describe in detail the work for which you are/were responsible:

I am a former substitute/employee of Chisago Lakes Schools

School Year(s) worked: 1. _____ 2. _____ 3. _____

□

List **two** references that we may contact. *(Include their names & phone numbers.) If you've already been working as a substitute with our district, you **do not** need to fill out this section.*

(1) _____ (2) _____

****FOR FOOD SERVICE AND CUSTODIAL SUBS ONLY**:**

Building(s) you'd like to sub in:

- | | |
|--|--|
| <input type="checkbox"/> Primary School (PS) <i>grades K-2</i> | <input type="checkbox"/> Middle School (MS) <i>grades 6-8</i> |
| <input type="checkbox"/> Lakeside Elementary (LS) <i>grades 3-5</i> | <input type="checkbox"/> High School (HS) <i>grades 9-12</i> |
| <input type="checkbox"/> Taylors Falls Elementary (TF) <i>grades K-5</i> | <input type="checkbox"/> Family Center (FC) <i>preschool, ECFE</i> |
| <input type="checkbox"/> Pathway to Change (PTC) <i>grades 1-12</i> | |

Availability:

- Monday – Friday **OR** Monday Tuesday Wednesday Thursday Friday
 Anytime of day **OR** Mornings only Afternoons only

CRIMINAL BACKGROUND CHECK: I agree to complete a criminal background form and understand that the school district may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that I may be terminated based on the results of that check.

CERTIFICATION, ACKNOWLEDGMENT AND RELEASE:

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the District.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the School Board or the appointing authority referenced in the job description and that until such approval, that the District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application *I hereby authorize* any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organization, to release to the District and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the District will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

I hereby release the District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

_____ Date _____ Applicant's Signature *(Do not print)*

Thank you for your interest in Chisago Lakes Schools!

Return all forms to: **Karen Langer – HR (klanger@isd2144.org)**
Chisago Lakes Schools
13750 Lake Blvd.
Lindstrom, MN 55045