

SCHOOL DISTRICT OF PLATTEVILLE
780 North Second Street
Platteville, WI. 53818
(608) 342-4000

Substitute Teacher Application

Name _____ **Date** _____

Address _____ **Telephone** _____

Email Address _____ **Cell Phone** _____

City/State/Zip _____

Social Security # _____

License Held:

Please check the grade levels you are interested in substitute teaching:

ELEMENTARY
Pre-Kindergarten - Gr 4

MIDDLE SCHOOL
Grades 5-8

HIGH SCHOOL
Grades 9-12

List subject areas you *do not* wish to substitute:

If any misrepresentation has been made by me, any offer of employment may be withdrawn or my employment may be terminated immediately.

Signature of Applicant

Please include a copy of your current teaching license with this application form.