



# ECA & SUBSTITUTE APPLICATION

DATE: \_\_\_\_\_

## APPLICANT INFORMATION

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: M  F

EMAIL ADDRESS: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES  NO

IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES  NO

HAVE YOU EVER WORKED FOR WCCS OR SCSC? YES  NO  IF YES WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

## APPLYING FOR: PLEASE CHOOSE ALL THAT APPLY:

ECA / COACHING POSITION: \_\_\_\_\_

SUBSTITUTE TEACHING FOR CLASSROOM  SUBSTITUTE FOR ASSISTANT

DAYS AVAILABLE \_\_\_\_\_

SCHOOL PREFERENCES: \_\_\_\_\_

## AUTHORIZATION and RELEASE

I authorize the school district to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history", possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employees or local, state, or federal agencies to provide the school district any information they may release concerning the manor described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school district, its officials, employees, trustees, or agents, or against any provider of such information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Civil Rights Act of 1964 and 1991 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least forty years of age. The Americans with Disabilities Act prohibits discrimination against persons with covered disabilities. This company adheres to the Immigration Reform Act of 1986.