

Central School District #104

309 Hartman Lane
O'Fallon, IL 62269

APPLICATION FOR CERTIFIED TEACHING EMPLOYMENT

PLEASE PRINT

Date of Application: _____ Position applied for: _____

Social Security #: _____

Name: _____
Last First Middle

Current Address: _____
Street Apt # City Zip

Phone: _____
Home Phone Cell Phone

PERSONAL DATA:

Are you currently under contract? Yes No When are you available? _____

Are you legally authorized to work in the United States? Yes No

Other names used: _____

Have you previously applied to teach in our District? Yes No If yes, when? _____

Do you currently hold a valid Illinois Teaching Certificate? Yes No If yes, Expiration Date: _____

Illinois Certificate Type: _____

Illinois Endorsements listed on Certificate: _____

Other Endorsements Pending: _____

Which subjects are you Illinois Highly Qualified in?

FEDERAL SUBJECT:	METHOD:

Are you Highly Qualified to teach in any other state? If yes, where: _____

We are an Equal Opportunity Organization

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, disability or national origin.

TEACHING EXPERIENCE					
STUDENT TEACHING					
Complete this section only if you have less than 4 years of teaching experience					
Dates: From/To:	SUBJECT:	GRADE LEVEL:	NAME OF SUPERVISING TEACHER:	NAME OF SCHOOL AND ADDRESS WHERE STUDENT TAUGHT:	HOURS EARNED:
Principal/Supervisors Name:				Title:	Phone:

TEACHING EXPERIENCE CONTINUED							
School year during which service was rendered:		Name and Address of School State and Zip	City,	Length of Term	Actual Days Served	Position Held/Grades Taught	Type: FT, PT, Substitute
Beginning:							
Ending:							
Principal/Supervisors Name:			Title:		Phone:		
Beginning:							
Ending:							
Principal/Supervisors Name:			Title:		Phone:		
Beginning:							
Ending:							
Principal/Supervisors Name:			Title:		Phone:		
Beginning:							
Ending:							
Principal/Supervisors Name:			Title:		Phone:		
Beginning:							
Ending:							
Principal/Supervisors Name:			Title:		Phone:		

EXPERIENCE OTHER THAN TEACHING (In Chronological Order)				
Dates: From/To:	Position Held:	NAME OF SUPERVISOR:	EMPLOYER NAME, ADDRESS AND PHONE:	

PROFESSIONAL REFERENCES

List three references, other than relatives, who have knowledge of your work experience and abilities. At least one should be a previous principal, supervisor or host teacher.

Name/Title: Address/City/Zip: Phone:

Name/Title: Address/City/Zip: Phone:

Name/Title: Address/City/Zip: Phone:

Have you ever been convicted of, or received a suspended imposition of sentence for, a felony or misdemeanor? If yes, describe in full:

ACKNOWLEDGEMENT OF APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

Every answer I have provided in this application is both complete and truthful. I understand and agree that (1) if any information is omitted from or not filled in on this application, or of any false or misleading information is furnished, the District will reject my application (2) if any false or misleading information is furnished, I may be ineligible for any future consideration for employment and may be subject to criminal prosecution (3) if I am employed by the District, I may be dismissed from employment and criminally prosecuted if it is later determined that I have omitted relevant or furnished false or misleading information on this application (4) and failure to provide information about a conviction may result in termination. 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 Central School District #104 may review any document relevant to this information.

Signature of Applicant:

Date: