



# ***EDUCATION***

**Please List All Colleges and Universities Attended**

Name & Location	Degree Received	Graduation Date

Illinois Teaching Certificate: Type \_\_\_\_\_ No. \_\_\_\_\_  
Special Education Approval: EMH \_\_\_\_\_ LD \_\_\_\_\_ SED \_\_\_\_\_ Hearing Impaired \_\_\_\_\_

**Subjects you are Qualified to Teach: (Must meet Illinois Recognition Requirements)**

MAJOR \_\_\_\_\_ Hours \_\_\_\_\_

MINOR \_\_\_\_\_ Hours \_\_\_\_\_

MAJOR \_\_\_\_\_ Hours \_\_\_\_\_

MINOR \_\_\_\_\_ Hours \_\_\_\_\_

Please list any extracurricular activities you are qualified to sponsor or coach:

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## ***STUDENT TEACHING EXPERIENCE***

School in Which Practice Teaching Was Done	Critic Teacher	Telephone #	Grades or Subjects Taught	Dates

## ***MILITARY SERVICE***

Have you had any experience in the U.S. Armed Forces or a State National Guard? Yes\_\_\_ No\_\_\_

If yes, in which branch? \_\_\_\_\_ Length of Service \_\_\_\_\_

Rank at Discharge? \_\_\_\_\_ Were you honorably discharged? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain the reasons and circumstances:

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(Note: Applicants who have been dishonorably discharged from military service will not automatically be denied employment. Consideration will be given to the reasons for the discharge and the surrounding circumstances.)

## ***EMPLOYMENT EXPERIENCE***

Please list your Employment History starting with your most recent employer.

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## ***REFERENCES***

Please list three persons, not related to you and not a former employer, who have known you for at least one year:

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Years known \_\_\_\_\_

Do you have a valid Illinois driver's license? Yes \_\_\_ No \_\_\_ If no, please explain \_\_\_\_\_  
\_\_\_\_\_

***PLEASE READ CAREFULLY AND SIGN BELOW***

I hereby certify that I have not withheld any information which might adversely affect my changes for employment, and that the answers that I have given are true and complete to the best of my knowledge. I understand that any omission or misstatement of fact on this application or on any other document used to obtain employment will be grounds for rejection of this application or for immediate discharge if I am hired, regardless of the time elapsed prior to discovery.

I authorize my current employer and/or any previous employers as provided by Section 7 of the Illinois Public Act 83-1104, and other persons to give information they have regarding me or my employment with them, and I release them and their companies from any liability for damages resulting thereof. I understand and agree that a facsimile or photographic copy of this acknowledgement and release shall be as valid as the original.

I understand that this application is not a contract or a proposal for a contract. I further understand and agree that this application will be subject to consideration for a period of only 60 days, and that if I have not been hired by the District by the end of that period, I will need to complete and submit another application if I am still interested in employment with the company.

I understand and agree that if I am hired by the District, my employment and compensation may be terminated in accordance with the School Code and Laws of Illinois. I understand that if I am employed by Waltham C.C. Elementary School District 185, I will become a mandated reporter under ***The Abused & Neglected Child Reporting Act***. I understand that I am subject to licensing under the School Code Act.

I further authorize Waltham C.C. Elementary School District 185 to recommend me as a potential candidate to other districts and to allow other school districts to review my file only for the purpose of considering me for employment.

I further certify that I have not been convicted of any offense in this state or any other state that would make me ineligible for employment.

In accordance with Section 10-21.0 of the Illinois School Code, I hereby authorize Waltham C.C. Elementary School District 185 to forward my name to the Illinois and Federal Departments of Law Enforcement for the purpose of conducting a criminal background check and agree to execute any forms required by said department for such purpose.

I understand and agree that if I receive a conditional offer of employment, I will be required to submit to a medical review prior to being hired and beginning work. As part of this review, I understand that I may be required to complete a medical review questionnaire, that I may be required to undergo drug testing, and that I may be required to be examined by a medical professional designated by the School District.

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

***FOR OFFICE USE ONLY***

Date of Interview \_\_\_\_\_ Position Applied for \_\_\_\_\_

Teaching Area \_\_\_\_\_ Extracurricular \_\_\_\_\_

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|---------------------------------|---------------------------|----------------------|
| ____ Certification              | ____ Transcripts          | ____ TRS Forms       |
| ____ Criminal Background Form   | ____ Physical             | ____ TB Test Results |
| ____ Mandated Reporter          | ____ References Checked   | ____ Fingerprints    |
| ____ Social Security Card       | ____ Driver's License     | ____ W4's            |
| ____ Verification of Experience | ____ District Drug Policy | ____ Date Employed   |