

SENECA GRADE SCHOOL DISTRICT #170
174 OAK ST. SENECA, IL 61360

APPLICATION FOR CERTIFIED STAFF

Seneca Grade School is an equal opportunity employer and does not discriminate against any individual because of race, age, gender, veteran status, religion, national origin or disability.

GENERAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternative Phone _____

Please list any name change (i.e. maiden) _____

Permanent Address (if different) _____

Social Security Number _____ (Providing a social security number is required. Social security numbers are not used to obtain any information for employment decisions.)

EMPLOYMENT REFERENCES

Mark all the positions for which you are qualified (hold certificate) to apply:

___ Elementary (k-2) ___ Elementary (3-5) ___ Junior High (6-8)

___ Special Education ___ Administration (required a Type 75)

If you are applying for a general education position, please mark the areas you are certified to teach:

___ Art ___ Family and Consumer Science ___ Language Arts ___ Reading Specialist

___ Computer Science ___ Foreign Language-French ___ Mathematics ___ Science-General

___ Counselor ___ Foreign Language-Spanish ___ Music/Instrumental ___ Social Studies

___ Gifted ___ Music/Vocal ___ Physical Education ___ Substitute

EDUCATION

College 1: _____
School or College Name Years Attended GPA Major

College 2: _____
School or College Name Years Attended GPA Major

College 3: _____
School or College Name Years Attended GPA Major

College 4: _____
School or College Name Years Attended GPA Major

ADDITIONAL INFORMATION

Technology- College Semester Hours Completed: ___0-3 ___4-9 ___10+

Technology- Mark any of the following in which you are literate:

___ Word Processing ___ Multimedia ___ Databases/spreadsheet ___ Other _____

Extracurricular: Mark any of the following activities that you are qualified and willing to coach or assist:

___ Academic Teams

___ Basketball

___ Drama

___ Volleyball

___ Band

___ Clubs

___ Baseball

___ Track & Field

ENDORSEMENTS:

Illinois state law requires that all certified employees possess a valid Illinois teaching certificate or proof of eligibility for such. To obtain an Illinois certificate, or information regarding the certification procedure, please contact the LaSalle County ROE at 119 West Madison St. Courthouse Room 102, Ottawa, IL 61350.

Do you hold an Illinois Teaching Certificate?

___ **Yes**

___ **No**

Is your Illinois certificate pending?

___ **Yes**

___ **No**

Do you hold an Administrative Certificate?

___ **Yes**

___ **No**

Kind or type of certificate

State

Grades certified to teach

Certificate number

Expiration Date

Kind or type of certificate

State

Grades certified to teach

Certificate number

Expiration Date

Kind or type of certificate

State

Grades certified to teach

Certificate number

Expiration Date

Kind or type of certificate

State

Grades certified to teach

Certificate number

Expiration Date

Student Teaching

Name of School System/Location _____

Subjects or Grades Taught _____ (Dates to/from) _____

Principal's name _____ Cooperating Teacher's Name _____

Teaching Experience

Name of School System/Location _____

Subjects or Grades Taught _____ (Dates to/from) _____

Principal's name _____ Cooperating Teacher's Name _____

Name of School System/Location _____

Subjects or Grades Taught _____ (Dates to/from) _____

Principal's name _____ Cooperating Teacher's Name _____

Name of School System/Location_____

Subjects or Grades Taught_____ (Dates to/from)_____

Principal's name_____ Cooperating Teacher's Name_____

Total number of years in public school teaching experience (not including student teaching)_____

Total number of years teaching_____

References

These should be individuals who are qualified to evaluate your teaching and personal qualifications. Please include at least three individuals, including but not limited to, administrators, cooperating/supervision teachers, college professors, and/or past employers.

Name_____ Position_____

Organization_____ Phone Number_____

Name_____ Position_____

Organization_____ Phone Number_____

Name_____ Position_____

Organization_____ Phone Number_____

Name_____ Position_____

Organization_____ Phone Number_____

Personal Data

List any special abilities, interests, community activities, high school and/or college activities which would enhance your opportunity for employment/

List any professional activities, including professional or honorary organizations, research studies, publications and/or presentations that you have participated in within the last ten years.

Written Response

Using a separate piece of 8 ½ x 11 paper, please respond to the following questions.

1. Please describe the three most important characteristics of a “good teacher”.
2. Please describe how your skills, interests and abilities would positively impact the students and staff of Seneca Grade School.

Credentials/Transcripts

A credential file of three (3) letters of recommendation and a copy of your transcripts from each college/university attended must be provided with this application. Upon employment, an official transcript will be required.

Agreement

I certify that the information given in this application is true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview (s) or any omission of information may result in discharge. I understand, also, that I am required to abide by all of the rules and regulations of the school district.

Signature of Applicant

Date

In order to be considered for employment, you must fully complete the following questionnaire and sign it.

1. Are you presently being investigated or under procedure to consider your _____ Yes
Discharge for misconduct by your present employer or have you been offered _____ No
a resignation to your previous employer?

If yes, please explain the circumstances on a separate sheet of paper and attach to this application.

2. Have you ever resigned from a prior position without being asked, but under _____ Yes
Circumstances involving your employer’s investigation of your sexual conduct _____ No
With another person, of mishandling funds, or of criminal conduct resulting in
a conviction or criminal penalty?

If yes, please explain the circumstances on a separate sheet of paper and attach to this application.

3. Have you ever been charged with or investigated for sexual abuse of another person? _____ Yes
_____ No

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies, or entities that the recipient (s) of this application contacts in connection with my employment application to fully provide the recipient (s) of this application any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the recipient(s) of this application, its agents and officials 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.

Signature of Applicant

Date