JOPPA MAPLE GROVE No. 38 APPLICATION FOR EMPLOYMENT

(Please provide a letter of application and attach a resume)

| Certified: | <i>T</i> eacher Substitute Teacher | J | Non-Certified | Co | tructional Aide |
|---------------------------|--|----------------|------------------|---------------------|-----------------------------|
| | nsidered for all positions without re r the presence of non-job related m | - | - | - | origin, age, marital or |
| veteran status, or | | euicui conun | ion or nunuicup. | | |
| | 1, 1994, any person who willfully n as a teacher, principal, superintende emeanor. | | | | |
| DATE OF APPLICA | TION: | | | | |
| | titute teacher, Certificate(s) Certification(s) Num | ber: | | | , |
| (Attach copy(s) of fron | t and back of certificates to this ap | plication) | | | |
| (If Instructional Aide, a | attach to application a copy of your | · Letter of Ap | proval from the | State of Illinois a | nd State/NCLB Approval) |
| | | | | | |
| NAME | | | | | |
| La | st | First | | Mi | ddle |
| ADDRESS | | | | | |
| St | reet | City | | State | Zip Code |
| TELEPHONE () | | SOCIALS | SECURITY NU | MBER | |
| 1. Are you a citiz | en of the United States | Ye | s No | | |
| • | an application here before | | | If yes, give date | |
| • | n employed here before | Ye | s No | If yes, give c | late |
| 4. Are you emplo | oyed now? | Ye | s No | Where? (Give | e Name, Address, and phone) |
| Name | | Address | | Phone Number | |
| 5. If now employ | red, why do you wish to chan | nge positio | ns? | | |
| 6. On what date | would you be available for w | vork? | | | |
| | ny physical, mental, or medi n the position for which you | | | | |
| | | | | | |
| if yes, please e | explain | | | | |

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8. List professional, trade, business, or civic activities and office held. You may exclude those, which indicate race, color, religion, gender, or national origin.

EDUCATIONAL BACKGROUND

| School | Address | Date Attended | Degree or Hours Earned |
|--------|---------|---------------|------------------------|
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It is the responsibility of the applicant, prior to his/her employment, to list and supply proof of all years experience, credit hours, and/or degrees earned. Once placed on the salary schedule, no change in credit for previous hours, degrees, or experience will be made.

EXPERIENCE (List last job first)

| School District or Business | Address / Phone | Dates Employed/Position |
|-----------------------------|-----------------|-------------------------|
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Honors received: _____

Specialized training, apprenticeships, skills:

Extra-curricular activities willing to assist/supervise:

REFERENCES

Give name, address and telephone number of three (3) professional references that are not related to you, but have knowledge of your skills and abilities:

| Name | Address | Telephone | Position |
|------|---------|-----------|----------|
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Certified Applicants Only:

Give a brief statement of why you're a teacher/administrator and what you hope to accomplish in the next five years.

State any additional information you believe may be helpful in considering your application.

AGREEMENT

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract for employment.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may
 result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Joppa Maple Grove
 #38 School District.
- I understand that I will have to submit to a criminal background check for the purpose of employment and that an offer of employment, or continued employment if hired, is contingent upon my passing the FBI, Illinois State Police and Child Abuse Registry background checks.
- I hereby waive written notice from my current employer and/or any previous employers, as provided by the Illinois Personal Record Review Act, 820 ILCS 40/0.01 et seq. and authorize them to release information regarding performance and any disciplinary action taken against me within the past four years.
- I hereby release the officers, agents, employees, and directors of each of my past employers and Joppa-Maple Grove #38, its officers, agents, and employees, from any and all liability arising from the disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all manners of actions that I may now have or may in the future have concerning such disclosures, regardless of their nature.
- I understand that any employment of offer of employment is subject to a physical examination, a submission of immigration (I-9) form, and approval from the Board of Education.

Signature of Applicant

Date