

JERSEY COMMUNITY UNIT SCHOOL DISTRICT No. 100
JERSEY AND GREENE COUNTIES
100 LINCOLN AVENUE
JERSEYVILLE, ILLINOIS 62052
PHONE: 618-498-5561

CERTIFIED TEACHER APPLICATION

GENERAL INFORMATION

NAME _____ DATE _____

POSITION YOU ARE QUALIFIED FOR AND INTERESTED IN (LIST ALL)

ADDRESS _____ PHONE _____

_____ City _____ State _____ Zip _____

E-MAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____ CERTIFICATE(S) HELD _____

(Social Security Number is voluntary. Number is used to verify certification and endorsements)

EDUCATION

HIGH SCHOOL COLLEGE	LOCATION	MAJOR/MINOR	DEGREE

TEACHING EXPERIENCES: (Include Student Teaching)

SCHOOL	DATES	SUBJECT/GRADE	REASON FOR LEAVING

REFERENCES (Professional or Prior Employees)

NAME	OCCUPATION	PHONE NUMBER	ADDRESS

Jersey Community Unit School District No. 100 does not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, marital status, disability, unfavorable military discharge, or any other unlawful basis in recruitment, selection, or employment of its employees. Individuals requiring special accommodations in the application process should contact the District Administrator at the Unit Office (618-498-5561) and request assistance. Jersey Community School District No. 100 is an Equal Opportunity Employer and Educator.

OTHER WORK EXPERIENCES

EMPLOYER	DATES	DUTIES	REASON FOR LEAVING

EXTRA CURRICULAR ACTIVITIES YOU ARE INTERESTED IN

Why do you wish to teach in our school district?

What are your strengths?

Have you been employed by Jersey Community Unit School District No. 100 before? Yes _____ No _____

If yes, in what capacity? _____

ARE YOU INTERESTED IN SUBSTITUTING? Yes _____ No _____

If yes, you must register your certificate at the Jerseyville Office of the Regional Office of Education and then report that you are registered to the Jersey CUSD No. 100 secretary.

I understand that I am subject to a criminal background investigation pursuant to the laws of the State of Illinois. I further understand that I may be automatically disqualified from consideration for hire or subject to immediate dismissal if the investigation discloses conviction of certain specified criminal offenses set forth under 105 ILCS 5/10-21.9 of Illinois School Code. I hereby authorize the District to initiate a criminal background check (including fingerprints) by the Illinois Department of State Police and agree to execute any forms required for said investigation.

(Applicant Signature) (Date)

1. Have you been found guilty of, or pled guilty to, any criminal offense in the State of Illinois, other than a minor traffic violation, or any other state? Yes _____ No _____

If the answer to the foregoing question is "yes", please state the date, place and nature of such conviction. (Applicants for employment are not obligated to disclose sealed or expunged records of arrests or convictions.)

2. Have you ever been discharged or forced to resign from any prior job? If yes, explain.
Yes _____ No _____

I, _____ have read and understand each of the foregoing questions and hereby affirm that all of the foregoing responses which I have provided are true and accurate.

(Applicant Signature) (Date)

I understand that any false or misleading statements made by me on this application may prevent my employment or may be cause for dismissal if hired.

A complete application consists of: District Application
Copy of Teaching Certificate
Official School Transcript

To be considered for a position be sure all of the above are on file in our office as soon as possible.