

PROFESSIONAL APPLICATION CERTIFIED PERSONNEL

Community Unit School District 200
130 West Park Avenue, Wheaton IL 60187

Job Hotline (630) 682-2210
Fax (630) 682-2410

PERSONAL DATA					
Name: _____			Date: _____		
Last	First	M.			
Present Address: _____					
Street	Apt.#	City	State	Zip	
Telephone Number: () _____			Above address until: _____		
Permanent Address: _____					
Street	Apt.#	City	State	Zip	
Permanent Telephone: () _____		() _____		-	-
Home		Work		Social Security # _____	

DESIRED POSITION			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Middle School 6-8	<input type="checkbox"/> High School 9-12
<input type="checkbox"/> Part Time	<input type="checkbox"/> Grades 1-2	Subjects for which you have 18 semester hours or more credit:	Subjects for which you have 24 or more semester hrs credit
	<input type="checkbox"/> Grades 3-5	_____	_____
		_____	_____
Special Education Area		<input type="checkbox"/> Bilingual	<input type="checkbox"/> Psychologist
BD: _____ LD: _____		<input type="checkbox"/> ESL	<input type="checkbox"/> Psychologist Intern
Mental Impairment: _____		<input type="checkbox"/> Gifted	<input type="checkbox"/> Reading Specialist
Early Childhood: _____		<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Social Worker
Other: (list) _____		<input type="checkbox"/> Library Learning Center	<input type="checkbox"/> Social Worker Intern
		<input type="checkbox"/> Nurse	<input type="checkbox"/> Speech Language Pathologist
			<input type="checkbox"/> Other _____
SERVICE MODEL : Inclusion : _____			
Resource: ___ Self Contained: _____			

EDUCATION				
Please list all colleges and universities attended and all degrees received. If you have hours beyond, please list the total number of hours beyond as of this date. 1 quarter hour equals 2/3 semester hour. Do not state "refer to resume".				
Degree	School & Location	Dates Attended	Date Received	GPA
Bachelor's				
Bachelor's + () grad hours				
Master's				
Master's + () grad hours				
Other				

TEACHER CERTIFICATION						
	Yes	No	Type	Number	Pending	Date Applied
Illinois Certification						
Illinois Certification						
Out of State Certification List state:						
List endorsements on certificate:						

TEACHING EXPERIENCE

Salary placement is based upon professional teaching experiences - DO NOT OMIT ANY. List all teaching/administrative experience, beginning with the most recent. Do not state "refer to resume".

Dates	School & Location	Check		Position Grade/Subject	# Years	Supervisor Phone	Reason for Leaving
		FT	PT				
to							
to							
to							
to							
to							
to							
to							

STUDENT TEACHING EXPERIENCE

Dates	School & Location	Subject/Grade	Cooperating Teacher	Grade
to				
to				

REFERENCES

Please list persons who are able to give information about your professional abilities. In particular, you should include superintendents, principals, or professors with whom you have worked.

Name and Position	Address and Telephone

ACTIVITIES AND HONORS:

Please indicate below, those areas you feel you are qualified and willing to coach or sponsor:

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Club Sponsor | <input type="checkbox"/> Football | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Marching Band | <input type="checkbox"/> Track |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Pep Club Sponsor | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Class Sponsor | <input type="checkbox"/> Pom Pon Sponsor | <input type="checkbox"/> Yearbook/Newspaper |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Softball | |

PROFESSIONAL STATEMENTS: In your own handwriting, please answer the following questions within the space provided. Your responses are an important part of our screening process.

1. What are your three most important reasons for wanting to be a teacher?

- a.
- b.
- c.

2. How much do you want to know about your students in order to be most helpful to them?

3. What three (3) things do you most want to know about your students?

- a.
- b.
- c.

4. What do you need to know in order to begin your lesson planning for a class?

5. What four (4) key components do you believe you must include in your plan?

- a.
- b.
- c.
- d.

6. When you think about your students, in what major ways do you most want to influence their lives?

7. List and describe two (2) core teaching strategies you most utilize in your classroom.

- a.
- b.

Print Name: _____ Social Security No: _____ - _____ - _____
Signature: _____ Date: _____

How did you hear of District 200?

- Job Hotline Referral School
- College Bulletin _____
- Newspaper _____
- Other _____

District 200 will comply with all federal and state statutes, laws, rules, and regulations that prohibit discrimination in employment on the basis of race, religion, color, national origin, ancestry, age, sex, marital status, mental or physical disability, or any other unlawful basis.

NOTICE: All applicants for employment within this School District are required as a condition of employment to authorize an investigation to determine if such applicants have been convicted for committing attempted first degree murder or for committing or attempting to commit first degree murder or a Class X felony or any of the following offenses set forth in the Criminal Code of 1961, 720 ILCS 5/ 1-1, et seq., Sections 11-6 (Indecent solicitation of a child), 11-9 (Public indecency), 11-14 (Prostitution), 11-15 (Soliciting for a prostitute), 11-15.1 (Soliciting for a juvenile prostitute), 11-16 (Pandering), 11-17 (Keeping a place of prostitution), 11-18 (Patronizing a prostitute), 11-19 (Pimping), 11-19.1 (Juvenile pimping), 11-19.2 (Exploitation of a child), 11-20 (Obscenity), 11-20.1 (Child pornography), 11-21 (Harmful material), 12-13 (Criminal sexual assault), 12-14 (Aggravated criminal sexual assault), 12-15 (Criminal sexual abuse), and 12-16 (Aggravated criminal sexual abuse); and /or those offenses defined in the *Cannabis Control Act*, 720 ILCS 550/1 et seq. (except pars. 4(a),(b), and 5(a) of that act); and/or those offenses defined in the Illinois Controlled Substance Act, 720 ILCS 570/100 et seq.; and/or any offenses committed or attempted in any other state or against the laws of the United States, which if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses. 105 ILCS 5/10-21.9

If the record of conviction reveals that the applicant has been convicted of one or more of the offenses enumerated above, the applicant’s employment within this School District shall be immediately terminated, or if the applicant has not yet been employed, any and all considerations for employment of the applicant by the Board of Education of this School District shall be ended.

Failure to provide requested employment or employer history which is material to the applicant’s qualifications for employment or the provision of false statements or statements which the applicant does not believe to be true may be a class A misdemeanor. A person who makes a statement which he or she does not believe to be true or who knowingly omits or fails to include any employment history or employer required to be furnished on this application which is material to his or her qualification for employment shall be deemed to have made a false statement on his or her application.

AGREEMENT

I hereby certify that the above information, to the best of my knowledge is true, accurate and complete. Any misrepresentation or omission of facts shall be sufficient cause for my disqualification for employment or termination of employment. Furthermore, it is understood that this application and record become the property of District 200 (the District). I further agree to observe all rules, regulations, and policies of the District now in force and effect as they may change during my employment, if I am employed with the District.

I hereby authorize the District to conduct work history and reference checks to determine my acceptability for employment. I release from liability any person giving or receiving such information.

I also hereby authorize the District to forward my name to the Illinois Department of State Police for the purpose of conducting a criminal background check as required by the Illinois School Code, Section 10-21.9, and agree to execute any forms required by said department for such purpose. “I hereby warrant that I have not been convicted of any of the offenses specified in Section 10-21.9 of the Illinois School Code”.

Furthermore, I hereby indemnify, save and hold harmless the District, DuPage County, Illinois and any of its officers, agents, and employees from any claim of liability or damage which might arise from the proceedings of the Illinois Department of Law Enforcement.

Signature of Applicant

Date

INTERVIEW AUTHORIZATION

I hereby authorize Community Unit School District 200 to record any employment interviews I am granted on video or audio tape for the purpose of studying my qualifications for employment.

Signature of Applicant

Date