OTTAWA ELEMENTARY DISTRICT
CLEVE THREADGILL, SUPERINTENDENT
320 West Main Street, Ottawa, Illinois 61350

PRE-EMPLOYMENT APPLICATION FORM

SUBSTITUTE TEACHER

☐ Ms. ☐ Mr.
☐ Miss ☐ Dr.
☐ Mrs.

_____
Last Name First Name Middle Initial Maiden Name

_____
Address City State Zip Phone

S.S.# _____ Date of Birth _____

Please list the names and relationship you have to any relative(s) presently employed by District #141
_____

I understand that The School Code provides that any person applying for employment in a certificated position who knowingly makes a false statement on an employment application, or fails to provide requested employment history which is material to his or her qualifications, is guilty of a Class A misdemeanor. Further, I certify that the information provided by me is complete and accurate and if found to be false, incomplete or missing, could be considered sufficient cause for my dismissal.

_____ _____
Date Applicant's signature

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_____**Substitute Teacher**

Do you hold an Illinois Teaching Certificate? Yes No Type(s) _____

____ **I am willing to Sub at Any Grade Level, Any Subject Area OR**
____ K-6 - Circle Grade Preference K 1 2 3 4 5 6 None
____ K-8 - Art Vocal Music Band P.E.
____ Junior High - Subject(s) _____
____ Special Education - Area(s) of Specialization_____

Any days you are not available to sub?_____

Have you registered as a Sub Teacher at the ROE? _____ If yes, did you have a fingerprint background check completed?_____
Cell Phone Number : _____

Please submit a **RESUME** or complete the **SUPPLEMENTAL INFORMATION FORM**.

SUPPLEMENTAL INFORMATION FORM

(List WORK EXPERIENCE - Most Recent First)

1. From _____/_____ To _____/_____ _____

Month/Year Month/Year Supervisor

Employer/Company Name:_____

_____

Address City State Zip Phone

_____

Position/Duties

_____

Reason for Leaving

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2. From _____/_____ To _____/_____ _____

Month/Year Month/Year Supervisor

Employer/Company Name:_____

_____

Address City State Zip Phone

_____

Position/Duties

_____

Reason for Leaving

==========

3. From _____/_____ To _____/_____ _____

Month/Year Month/Year Supervisor

Employer/Company Name:_____

_____

Address City State Zip Phone

_____

Position/Duties

_____

Reason for Leaving

SUPPLEMENTAL INFORMATION FORM CONTINUED:

4. List any other experiences you have had which you feel relate to the position. _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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If you have no work experience, list three personal references by Name, Address and Telephone Number.

1. _____

2. _____

3. _____

_____ _____
Applicant's Signature Date

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OFFICE USE ONLY

NAME:_____

DATE HIRED: _____

SCHOOL/POSITION: _____

FIRST DAY OF WORK:_____

RATE OF PAY:_____