

OTTAWA ELEMENTARY DISTRICT
320 West Main Street, Ottawa, Illinois 61350

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 _____ Email: _____

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.

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Date

Applicant's signature

=====

_____ **Substitute Teacher**

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

Do you hold an Illinois Substitute License? Yes No

Level of Education: Associate Degree Bachelors Degree

- _____ **I am willing to Sub at Any Grade Level**
- _____ Jefferson, Lincoln, McKinley School PreK-4
- _____ Central Intermediate School 5-6
- _____ Shepherd Middle School 7-8
- _____ Special Education

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 _____

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. _____

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

1. _____
2. _____
3. _____

Applicant's Signature Date

OFFICE USE ONLY

NAME: _____
DATE HIRED: _____
SCHOOL/POSITION: _____
FIRST DAY OF WORK: _____
RATE OF PAY: _____