

OTTAWA ELEMENTARY SCHOOL DISTRICT 141
320 West Main Street, Ottawa, Illinois 61350

PRE-EMPLOYMENT APPLICATION FORM-TEACHER

Ms. Mr.
Miss Dr.
Mrs.

Last Name	First Name	Middle Initial	Maiden Name
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Permanent Address	Street	City	State	Zip	Phone
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Current Address (if different)	City	State	Zip	Phone
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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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TEACHER (IF YOU WISH TO BE CONSIDERED FOR A TEACHING POSITION, THIS APPLICATION WILL NOT BE COMPLETE UNTIL OUR OFFICE HAS RECEIVED A FULL SET OF COLLEGE CREDENTIALS AND A RESUME'.)

POSITION APPLYING FOR:

- _____ K-6: Circle Grade Preference K 1 2 3 4 5 6 No Preference
- _____ Early Childhood Preschool (Developmental Delay/At Risk)
- _____ K-8: Art Vocal Music Band P.E. Title I Reading Other: _____
- _____ 7-8 Middle School - Subject(s) _____
- _____ Special Education: Specialization: _____
- _____ Other: _____

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

Endorsements: _____

A COPY OF YOUR CERTIFICATE MUST BE INCLUDED WHEN RETURNING YOUR APPLICATION

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: _____