# **CERTIFIED EMPLOYMENT APPLICATION**

Pontiac William Holliday School District 105 is an equal opportunity employer and educator. District 105 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 the recruitment, selection or employment of its employees. Individuals requiring accommodation and/or assistance in the application process should contact the Superintendent at 618-233-2320

Date:		Social Security #:	
Name:			
(Last)		(First)	(Middle)
Current Address:	(Street)	(City, State)	(Zip Code)
5			(Zip Code)
Permanent Address:	(Street)	(City, State)	(Zip Code)
Telephone Number:			
1	(Home)	(Work)	(Other/Cell)
Email Address:			
Subject Area/G	rade Level of Position Des	ired:	Date Available to Work:
COLLEGE EDUC			
(Dates)	(Institution)	(Street, City, State, Zip)	
Degree:	Major:	Minor:	Date Conferred:
(Dates)	(Institution)	(Street, City, State, Zip)	
Degree:	Major:	Minor:	Date Conferred:
(Dates)	(Institution)		(Street, City, State, Zip)
Degree:	Major:	Minor:	Date Conferred:

#### A COMPLETED APPLICANT FILE INCLUDES:

- 1. District application with all information completed (**do not** state "refer to resume")
- 2. Photocopies of transcripts from all schools attended, including junior colleges
- 3. Three letters of reference
- 4. Photocopies of Illinois Professional Educator License(s) front and back showing expiration date, <u>or</u> a statement describing status of your application for an Illinois Professional Educator License.

An applicant will not be considered for employment until the District has received a completed applicant file.

1 age 1 01 0

### **EXPERIENCE:**

**Teaching Experience:** (List most recent first) 1. (Dates: Month & Year) (Institution) (Street, City, State, Zip) (Grade/Subject) 2. (Dates: Month & Year) (Institution) (Street, City, State, Zip) (Grade/Subject) 3. (Dates: Month & Year) (Street, City, State, Zip) (Grade/Subject) (Institution) 4. (Dates: Month & Year) (Institution) (Street, City, State, Zip) (Grade/Subject) **Student Teaching:** (Dates: Month & Year) (Institution) (Street, City, State, Zip) (Grade/Subject) DO YOU HOLD A VALID AND ACTIVE ILLINOIS PROFESSIONAL EDUCATOR LICENSE? Yes\_\_\_\_ No\_\_\_\_ Applied/Date/Location:\_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ **Endorsement:** License Number:\_\_\_\_\_ Type:\_\_\_\_\_ **Endorsement:** Endorsement: Endorsement: Endorsement: Endorsement: **Other Work Experience:** 1. (Company/Job Title) (Dates) (City, State,) (Supervisor, Phone #) 2. (Company/Job Title) (Dates) (City, State,) (Supervisor, Phone #)

(City, State,)

(Supervisor, Phone #)

(Company/Job Title)

(Dates)

Pl	Please respond to the following questions:					
1)	Why have you chosen public education as your profession?					
2)	Why are you interested in working in District 105?					
3)	What are the two- (2) most important components of a successful classroom learning environment.					

## **PROFESSIONAL REFERENCES:**

Please identify individuals who are able to provide information regarding your qualifications for the position(s) you seek. Please include superintendents and principals with whom you have worked.

N	AME	POSITION	ADDRESS	TELEPHONE
_				
_				
_				
der	to be considere	d for employment, you must	answer the following questions:	
		nt employer or have you offere	der a procedure to consider your ed a resignation to your previous e	
		explain the circumstances in the	ne space provided:	
			ned, discharged, or asked to resi	gn from a prior position?
	TES If yes, please	explain the circumstances in the	ne space provided:	
	your employed criminal cond	r's investigation of your sexua	on without being asked, but under all contact with another person, of criminal penalty? YES ne space provided:	f mishandling funds, or of
	plea of guilty finding of gu	or "no contest", or (c) has any	ne, other than a minor traffic offer court ever deferred further procestation, for any crime other than	eedings without entering a
	• •	explain the circumstances in	the space provided, including the address of the court involved.	ne date of the charge, the
	Have you eve	r failed to be reappointed?	YES NO	
	•	explain the circumstances in the	ne space provided:	

### Applicant's Acknowledgment and Agreement

1. Applicants for a certified position are advised that the making of a willfully false statement or knowing omission of any employment history on this application may constitute a Class A misdemeanor. Any materially false statements or omissions on this application for employment will be reason to deny the application for hire and will lead to termination of employment.

### TYPE/PRINT YES OR NO AT THE END OF EACH STATEMENT IN THIS SECTION (a – d).

- a. Accordingly, I hereby acknowledge that the statements made herein are accurate and that I have not omitted any requested information.
- b. I acknowledge that if I am hired, I will be required to provide evidence of physical fitness to perform duties assigned and freedom from communicable disease in accordance with Section 24-5 of the *School Code*.
- c. I acknowledge that if I am hired, I will be required to abide by all rules, regulations and board policies of Pontiac William Holliday School District 105.
- d. I authorize you to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
- e. In the event of employment, I understand that false or misleading information given in my application or interview(s) or any omission of information may result in discharge. I understand, also, that if I am hired I am required to abide by all of the rules and regulations of the school district.
- 2. My submission of this employment application constitutes authorization to check my employment history, including without limitation, evaluations, conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the recipient(s) of this application contacts in connection with my employment application to fully provide the recipient(s) of this application any information on the matters set forth above. I expressly waive in connection with any request for a provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the recipient(s) of this application, its agents and officials or against any provider of such information. I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Print/Type Name	
Signature of Applicant	Date

\*\*APPLICANT FILES ARE KEPT FOR ONE YEAR FROM DATE OF APPLICATION

It is the applicant's responsibility to update his/her applicant file each year by submitting a new application.