

NIPPERSINK SCHOOL DISTRICT #2

10006 Main St.
Richmond, IL 60071
815-678-4242

APPLICATION FOR EMPLOYMENT

(Condition of Employment: Negative drug screen – expense paid by district)

Please Type or Print

Date _____

I. PERSONAL DATA

Name _____ S.S. # _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip Code)

Present Telephone # _____ Permanent Telephone # _____ E-mail _____

Permanent Address _____
(Street) (City) (State) (Zip Code)

II. POSITION DESIRED

Full-Time Teaching _____ Administration _____ Substitute Teaching _____ Other (List) _____

First Choice _____ Second Choice _____
Subject/Assignment Area Subject/Assignment Area

III. EDUCATION AND PROFESSIONAL TRAINING

Name of Institution	Location	Dates Attended	Major/Minor	Degree And Date	Semester Credit Hours Earned*

*Convert quarter hours into semester hours by multiplying the quarter hours by 2/3

List any scholarships, honors, or other distinctions you have received _____

List any collegiate or professional organizations in which you held/currently hold membership and any offices held _____

IV. CERTIFICATION/ENDORSEMENTS

Are you eligible for or do you hold Illinois certification for the position to which you are applying? _____ If yes, list type, number, and date issued or expected _____

Certificate Level: _____ Initial _____ Standard _____ Master

List all subjects for which you are endorsed to teach _____

(over)

V. EMPLOYMENT STATUS

Are you currently employed? _____ Where? _____

Do we have permission to contact your present employer or supervisor? ____ Yes ____ No

VI. WORK EXPERIENCE IN EDUCATION

List all positions held, starting with most recent. Include student teaching experience. Add additional sheet if necessary.

Dates From/ To	School & Location	Position Subject/Grade Taught	Annual Salary (last year)	Name of Principal/Supervisor & Telephone #	Reason for Leaving

VII. OTHER REFERENCES

Name	Position	Address & Telephone	For Office Use Only

VIII. BACKGROUND DATA

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

Have you ever been terminated or had your contract not renewed? ____ If so, why? _____

IX. AFFIRMATION

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge; and, I hereby grant permission to authorized personnel in the district the right to examine my records for the purpose of hiring. I understand that any misrepresentation, falsification, or omission will be sufficient cause for cancellation of the application, or discharge if I have been employed.

Signature Date

FOR OFFICE USE ONLY

A. Creditable experience (years) _____ Lane _____ Step _____

B. Salary \$ _____ Start Date _____

C. Recommended for hire by _____