

# METAMORA TWP. HIGH SCHOOL DISTRICT #122

## Application for Certified Employment

“An Equal Opportunity Employer”

### PERSONAL:

Date \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date you can start \_\_\_\_\_

Do you have a legal right to work in the United States? **YES NO**

Have you ever been convicted of a felony or misdemeanor which has not been ordered expunged, sealed or impounded? **YES NO**

If so, what, when and where? \_\_\_\_\_

Have you ever been determined a perpetrator of child abuse or neglect in a Department of Children and Family Services (“DCFS”) report? **YES NO**

If so, explain? \_\_\_\_\_

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### POSITION DESIRED: \_\_\_\_\_

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### CERTIFICATION:

IL Cert.# \_\_\_\_\_ Type \_\_\_\_\_ Cert. Registered in \_\_\_\_\_ County

IL Cert.# \_\_\_\_\_ Type \_\_\_\_\_ Cert. Registered in \_\_\_\_\_ County

IL Cert.# \_\_\_\_\_ Type \_\_\_\_\_ Cert. Registered in \_\_\_\_\_ County

Endorsements \_\_\_\_\_

Highly Qualified Areas \_\_\_\_\_

If you do not possess an Illinois certificate, have you made application? \_\_\_\_\_

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### STUDENT TEACHING:

School District \_\_\_\_\_

Address \_\_\_\_\_

Number	Street	City	State	Zip Code
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School _____	Grades/Subjects _____
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From _____	To _____	Grade Received _____
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Supervising Teacher \_\_\_\_\_

Home Phone # \_\_\_\_\_ School Phone # \_\_\_\_\_

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EDUCATION	Name of School	Attended	Yes/No	Date Received
High School				
College or University				
College or University				

**BACHELORS DEGREE**

BS/BA Major \_\_\_\_\_  
 Semester Hours \_\_\_\_\_  
 BS/BA Minor \_\_\_\_\_  
 Semester Hours \_\_\_\_\_

**MASTERS DEGREE**

MS Major \_\_\_\_\_  
 Semester Hours \_\_\_\_\_  
 Hours Beyond MS \_\_\_\_\_

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**EMPLOYMENT HISTORY:** Please list below your present and previous four employers (most recent one first).  
 (Include teaching experience)

1. Name \_\_\_\_\_

Address:      Number      Street      City      State      Zip Code      Telephone No.

Job Title      Name of Immediate Supervisor      Supervisor's Title

Date Employment      Date Employment      Last Date of Actual      Salary When Employment  
 Commenced      Terminated      Teaching      Terminated

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Name \_\_\_\_\_

Address:      Number      Street      City      State      Zip Code      Telephone No.

Job Title      Name of Immediate Supervisor      Supervisor's Title

Date Employment      Date Employment      Last Date of Actual      Salary When Employment  
 Commenced      Terminated      Teaching      Terminated

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Name \_\_\_\_\_

Address:      Number      Street      City      State      Zip Code      Telephone No.

Job Title                      Name of Immediate Supervisor                      Supervisor's Title

Date Employment      Date Employment      Last Date of Actual      Salary When Employment  
Commenced      Terminated      Teaching      Terminated

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Name \_\_\_\_\_

Address:      Number      Street      City      State      Zip Code      Telephone No.

Job Title                      Name of Immediate Supervisor                      Supervisor's Title

Date Employment      Date Employment      Last Date of Actual      Salary When Employment  
Commenced      Terminated      Teaching      Terminated

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

5. Name \_\_\_\_\_

Address:      Number      Street      City      State      Zip Code      Telephone No.

Job Title                      Name of Immediate Supervisor                      Supervisor's Title

Date Employment      Date Employment      Last Date of Actual      Salary When Employment  
Commenced      Terminated      Teaching      Terminated

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES:** Give below the names of three persons not related to you whom you have known at least one year and have personal knowledge of your fitness as a teacher (preferably in the teaching profession).

**REFERENCES:** Give below the names of three persons not related to you whom you have known at least one year and have personal knowledge of your fitness as a teacher (preferably in the teaching profession).

Name	Address	Phone #	Relationship	Occupation	Years Acquainted

**CANDIDATE’S STATEMENT:**

Each candidate is required to provide a formal letter of application for the position you are desiring. We also request a copy of your resume, teaching certificate, transcript and a statement of your educational philosophy **IT IS IMPERATIVE THAT YOUR ANSWERS AND EXPLANATIONS ARE COMPLETE.**

*Statements should be limited to about 100 words.*

**CERTIFICATION:**

I hereby certify that the information given by me in this application is true, correct and complete; and, I hereby authorize personnel in the district to examine my records and contact any of my schools, former employers or other references for the purposes of collecting information regarding my employment, education, certification, experience and fitness as a teacher. I authorize such schools, former employers or other references, and any current or former officers, agents or employees thereof to disclose information regarding my employment, education, experience and fitness as an employee, and I agree to hold any and all of such schools, former employers, references and persons harmless and free of any liability for releasing any truthful information about me.

I understand that failure to provide employment or employer history requested in this application which is material to my qualifications for employment as a teacher or the provision of statements which I do not believe to be true may be a Class A misdemeanor. For purposes of this application, I shall be deemed to have made a false statement if I make a statement which I do not believe to be true or if I knowingly omit or fail to include any employment or employer history required to be furnished on this application.

I understand that if I am employed, any false or misleading statement made or implied on this application, any omission herefrom, or any inconsistency between the information I have provided herein and information obtained from any criminal history records check, Statewide Sex Offender Database check, Statewide Child Murderer and Violent Offender Against Youth Database check, or background investigation may result in immediate dismissal.

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Signature

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Date

APPLICATIONS REMAIN ACTIVE FOR ONE YEAR-  
REAPPLICATION IS NECESSARY AFTER THAT TIME.

