

# FOX LAKE GRADE SCHOOL DISTRICT 114

29067 West Grass Lake Road

Spring Grove, IL 60081

Phone: (847) 973-4114

FAX: (847) 973-4010

## CERTIFICATED STAFF APPLICATION

Please type or print clearly

### Personal Information:

Last Name	First	Middle	Maiden
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Current Address	City	State	Zip Code
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Home Address	City	State	Zip Code
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Social Security Number	Current Telephone Number	Home Telephone Number
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Date of Birth (Optional)	Birthplace (Optional)	Marital Status (Optional)
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### **GENERAL INFORMATION:**

Do you currently hold an Illinois Teacher Certificate? Yes [ ] No [ ]

If YES, please indicate: TYPE(s) \_\_\_\_\_ GRADES \_\_\_\_\_ NUMBER \_\_\_\_\_

Are you currently under contract to teach? Yes [ ] No [ ]

When would you be available for employment? \_\_\_\_\_

Have you previously filed an application in this district? Yes [ ] No [ ]

If YES, when? \_\_\_\_\_

Have you ever been convicted of a sexual offense? Yes [ ] No [ ]

**JOB PREFERENCE:** List below, in order of preference, the position, grade level, or specific academic subjects for which you are qualified and wish to be considered:

Position	Grade Level(s)	Subject Area(s)
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1. \_\_\_\_\_

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

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



**PROFESSIONAL REFERENCES:** Include here only persons who know of your professional work, i.e. principals, supervisors, and superintendents with whom you have worked.

Name	Present Address	Relationship	Phone

**PERSONAL REFERENCES:** Include here only persons who know of your character.

Name	Present Address	Relationship	Phone

**PERTINENT HEALTH AND PHYSICAL PROBLEMS:**

Do you have any HEALTH PROBLEMS which preclude you from performing types of work? [ ☐ ] Yes [ ☐ ] No

If YES, please describe such problems and specific work limitations: \_\_\_\_\_

Do you have any PHYSICAL DEFECTS which preclude you from performing certain types of work? [ ☐ ] Yes [ ☐ ] No

If YES, please describe such problems and specific work limitations: \_\_\_\_\_

**PLEASE READ, DATE, AND SIGN:**

I hereby certify that the statements made by me in this application are true and complete to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Original Statement** (Must be completed by each applicant): In your handwriting, please write a brief statement in which you share with us your reasons for becoming a teacher plus qualifications and experiences which you believe make you unique as a prospective employee. Since a subjective comment can be helpful to us in the selection process, please feel free to "Toot your own horn."

**EMPLOYMENT APPLICATIONS FOR CERTIFIED POSITIONS:**

Any person who applies for a teacher, principal, superintendent or other certificated position and "makes a statement which he or she does not believe to be true or who knowingly omits or fails to include any employment history or employer required to be furnished on the application which is material to his or her qualifications" shall be guilty of a Class A misdemeanor.

Office Use Only

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_