

Requirements for Substitute Teaching Position

Thank you for your interest in District #114. The following paperwork must be completed and on file in the District Office prior to your first day of work.

1. Substitute Application on file in District Office
2. Certificate of Health indicating TB screening
3. DCFS Mandated Reporter Status
4. I9 Form with copy of current driver's license and social security card (front & back) or passport
5. Criminal History Background Investigation Request form completed
6. Electronic Fingerprints on file at the Regional Office of Education
7. Copy of teaching certificate, front and back, registered with Lake County
8. Set of Transcripts

FOX LAKE GRADE SCHOOL DISTRICT 114

29067 West Grass Lake Road

Spring Grove, IL 60081

Phone: (847) 973-4114

FAX: (847) 973-4010

SUBSTITUTE TEACHER APPLICATION

Please type or print clearly

Personal Information:

_____ Last Name	_____ First	_____ Middle	_____ Maiden
--------------------	----------------	-----------------	-----------------

_____ Current Address	_____ City	_____ State	_____ Zip Code
--------------------------	---------------	----------------	-------------------

_____ Home Address	_____ City	_____ State	_____ Zip Code
-----------------------	---------------	----------------	-------------------

_____ Social Security Number	_____ Current Telephone Number	_____ Home Telephone Number
---------------------------------	-----------------------------------	--------------------------------

_____ Date of Birth (Optional)	_____ Birthplace (Optional)	_____ Marital Status (Optional)
-----------------------------------	--------------------------------	------------------------------------

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)
-------------------	-------------------------	--------------------------

1. _____

2. _____

3. _____

[illegible]

Please have your up-to-date transcripts and credentials forwarded to this office from your Placement Office. These should include personal and professional recommendations and your Critic Teacher's evaluation of student teaching, if completed.

Name of teacher training institution: _____

Grade Level(s)	Subjects Taught	From	To
----------------	-----------------	------	----

[illegible]

IMPORTANT: District 114 will request verification of employment date from each school district listed. Failure to provide requested employment or employer history which is material to the applicant's qualifications for employment or the provision of statements which the applicant does not believe to be true may be a Class A misdemeanor.

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: _____

EXAMINING PHYSICIAN MUST COMPLETE THIS SIDE OF THE FORM

General Appearance and Development: _____ Good _____ Fair _____ Poor

Height _____ Weight _____

HEAD: Eyes: for Distance 20/ Right Without Glasses
20/ Left With Glasses
Evidence if Disease or Injury to Eyes Color Vision
Horizontal Field of Vision

Ears: Hearing - 20 feet 20/ Right 20/ Left
Evidence if Disease or Injury to Ears

Mouth: _____

Throat: _____

THORAX: Heart: _____

Blood Pressure: _____ Systolic _____ Diastolic _____ Pulse

If Organic Disease is Present is it Fully Compensated? _____ Yes _____ No

Lungs: _____

TUBERCULOSIS: _____ Skin Test _____ Chest X-Ray

ABDOMEN: Scars: _____ Abnormal Masses: _____

Hernia: _____ Tenderness: _____

If Yes, Where _____ Is Truss Worn?

Genitourinary Scars: _____ Urethral Discharge: _____

REFLEXES: Rhomberg

Pupillary: _____ Light: _____ Right _____ Left _____

Light: _____ Right _____ Left
Accommodations: _____ Right _____ Left

Knee Jerks: Right _____ Normal _____ Increased _____ Absent
Left _____ Normal _____ Increased _____ Absent

EXTREMITIES: Upper: _____

Lower: _____

Spine: _____

LABORATORY Urine: _____ Spec. Gr. _____

FINDINGS: Alb. _____
Sugar _____

Signature of Examining Physician _____ Date _____

Address of Physician	City	State	Zip Code
----------------------	------	-------	----------

Pat Quinn
Governor



D. Jean Ortega-Piron
Acting Director

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 10/2011

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature

Print Name

Address *(Street Name and Number, City, State, Zip Code)*

Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	
Document Title: _____	Document #: _____
Expiration Date <i>(if any)</i> : _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record
	6. Military dependent's ID card
	7. U.S. Coast Guard Merchant Mariner Card
	8. Native American tribal document
	9. Driver's license issued by a Canadian government authority
	For persons under age 18 who are unable to present a document listed above:
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card
	11. Clinic, doctor, or hospital record
	12. Day-care or nursery school record
	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. Native American tribal document
	6. U.S. Citizen ID Card (Form I-197)
	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

I hereby authorize Fox Lake Grade School District 114 to forward my name to the Illinois Department of State Police for the purpose of conducting a criminal background check and agree to execute any forms required by said department for such purposes. I certify that I have not been convicted of a felony for committing or attempting to commit any of the following crimes:

Ch 38, Sec.	11-15.1	(Soliciting for a juvenile prostitute)
	11-19.1	(Juvenile pimping)
	11-19.2	(Exploiting of a child)
	11-20	(Obscenity)
	11-20.1	(Child pornography)
	11-21	(Harmful material)
	12-13	(Criminal sexual assault)
	12-14	(Aggravated criminal sexual assault)
	12-15	(Criminal sexual abuse)
	12-16	(Aggravated criminal sexual abuse)

Ch 56, 1/2 Sec. 701 et seq except 704a, 704b, 705a, (Cannabis Control Act)

Ch 56, 1/2 Sec. 110 et seq (Controlled Substances Act).

I further certify that I have not been convicted of any offense in any other state or against the laws of the United States which if committed or attempted in this state would have been punishable as one or more of the foregoing enumerated offenses.

Prospective Employee Signature

Date