



**Sparta Community Unit School
 District No. 140
 Personnel Office
 District Administrative Center
 203B Dean Avenue
 Sparta, IL 62286
 (618) 443-5331
 FAX: (618) 443-2023**

Sparta Community Unit School District No. 140 is an equal opportunity employer, and does not discriminate in any of its employment practices on the basis of race, color, religion, national origin, ancestry, age, sex, marital status, physical or mental handicap or disability, military status, or unfavorable discharge from military service.

EMPLOYMENT APPLICATION – INSTRUCTIONAL STAFF

If you require any assistance or accommodation in the application or interview process, please contact the District ADA Coordinator at (618) 443-5331.

PERSONAL DATA			
			Date:
Last Name	First	Middle	
Street address	City	State	Zip
Home Phone	Business Phone		
Have you ever been interviewed for a position with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes; month & year: _____ Interviewed by: _____			
Position desired _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Either			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any extra curricular activities you are qualified and willing to coach or direct.			
Other special training or skills (languages, machine operation, technology, etc.)			
LICENSURE			
Do you have a current Illinois license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of license(s) _____			
If so, list and include Illinois endorsements: _____			
Grade Level(s) _____			
Subject(s) approved _____			
If you do not presently hold an Illinois license, are you licensable in IL? _____			
For which teaching areas would you be licensed? _____			
<u>All contracts require a valid Illinois teaching license for the grade level and subjects being taught to be filed in the Personnel Office within ten days.</u>			

EDUCATION				
School	Name and location of School	Major/Minor	Total GPA	Degrees/Diplomas
College or university				
College or university				
College or university				
High School				
Other				

EXPERIENCE	
(Please list your present or most recent position first.)	
TEACHING	
1. Name and location of school	Telephone
Supervisor	Dates employed
Nature of work (Specify grades, subjects, extra curricular duties, etc.)	Reason for leaving
2. Name and location of school	Telephone
Supervisor	Dates employed
Nature of work (Specify grades, subjects, extra curricular duties, etc.)	Reason for leaving
3. Name and location of school	Telephone
Supervisor	Dates employed
Nature of work (specify grades, subjects, extra curricular duties, etc.)	Reason for leaving
4. Name and location of school	Telephone
Supervisor	Dates employed
Nature of work (specify grades, subjects, extra curricular duties, etc.)	Reason for leaving

STUDENT TEACHING			
Name and location of school	Grade or subjects taught	Supervisor	Number of weeks

NON-TEACHING		
Name and location	Date of Employment	Nature of Work

(Add more pages if necessary.)

Please indicate any job related activities, professional memberships, honors, offices held, or hobbies which you believe might help you to perform the position(s) for which you have applied.

PROFESSIONAL DATA

Are you presently under contract? Yes No When will you be available to begin work? _____

Have you ever been dismissed, asked to resign, or non-renewed? Yes No
If yes, state where and state reasons:

Have you ever been convicted of a felony? Yes No
If yes, please describe below. Do not report any conditions for which the record had been expunged, sealed, or impounded.

REFERENCES (Include persons who have personal knowledge of your teaching ability.)

Name	Address	Vocation/Title	Telephone No.

WAIVERS AND NOTICES

I hereby authorize the District to conduct work history and reference checks to determine my acceptability for employment. Pursuant to the *Illinois Personnel Record Review Act, 820 ILCS 40/01 et seq.*, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. Further, I hereby release the officers, agents, employees and directors of each of my past employers and Sparta Community Unit School District No. 140, its officers, agents and employees, from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all manners of actions that I may not have or may have in the future concerning such disclosures, regardless of their nature.

Signature _____ Date _____

I hereby authorize Sparta Community Unit School District No. 140 to forward my name to the Illinois Department of State Police for the purpose of conducting a criminal background check as required by *The Illinois School Code, Section 10-21.9*, and agree to execute any forms required by said department for such purpose. I understand that Sparta Community Unit School District No. 140 may further conduct a check for any indicated reports of child abuse under the *Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq.* Furthermore, I hereby indemnify, save and hold harmless Sparta Community Unit School District No. 140, Randolph County, Illinois, and its officers, agents and employees from any claim of liability or damage which may arise from the proceedings of the Illinois State Police or Department of Children and Family Services in conjunction with the above background checks. I understand that an offer of employment, or continued employment if hired, is contingent upon my passing the Illinois State Police and Child Abuse Registry background checks.

Signature _____ Date _____

I understand that an offer of employment is contingent upon my submitting the required immigration (I-9) form and the health and medical examination forms required by the District pursuant to *The school Code, Section 24-5*.

Signature _____ Date _____

