

HAMILTON COMMUNITY CONSOLIDATED SCHOOL DISTRICT NO.328

Hamilton, Illinois 62341

217-847-3315 (Phone) 217-847-3915 (Fax)

APPLICATION FORM FOR TEACHING

Date: _____
Name _____

Address _____
Street City State Zip

Current Telephone No. _____ Permanent Telephone No. _____

Permanent or Reference Address (where someone would know your location at any time)

Name _____ Address _____

City _____ State _____ Zip _____
Phone _____

PLEASE FILL IN ALL BLANK SPACES WITH THE INFORMATION INDICATED

Mark the grade level(s) you are qualified to teach:

Elementary (K-5) _____ Middle Grades (6-8) _____ High School (9-12) _____ Special Ed. _____

If you are applying for elementary or middle grades, which do you prefer?

1st Preference _____ 2nd Preference _____ 3rd Preference _____

If you are applying for a middle school or a high school position, what subjects are you qualified to teach?

Subject	Major	Minor	Semester Hours of Training

If you are applying for special education, in what area are you certified to teach?

_____ BD _____ TMH _____ EMH _____ LD _____ SPEECH & LANGUAGE
_____ SCHOOL PSYCHOLOGIST _____ OTHER (Describe) _____

Check appropriate space(s) - I am interested in: _____ Full-time _____ Part-time _____ Substituting

What is your present position?

Place of employment?

When would you be available?

What is your anticipated salary? Annual \$ _____

Do you hold an Illinois Teaching Certificate? _____ Yes _____ No Type of Certificate(s)

REFERENCES: Five references required. Include principals with whom you are now working:

First Name	Last Name	Address	Telephone	Vocation and Title	Relation to your work
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Are you a former Hamilton C.C. School District #328 employee? _____ Yes _____ No

If yes, give date(s) of employment:

Have you applied for work here during the last 12 months? _____ Yes _____ No

If yes, when? _____ For what position? _____

PROFESSIONAL PREPARATION:

SCHOOLS ATTENDED	CITY, STATE	YEARS ATTENDED	GRADUATE OR DEGREE CONFERRED	DATE
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Where did you do your student teaching? _____

Subject? _____ Grade? _____ How long? _____

What extracurricular activities are you willing to coach, supervise or sponsor?

TEACHING EXPERIENCE: Public Schools

Name of School	City, State, Address	Phone Zip	Number	Grade	Time Taught Subjects	Total School Mo/Yr - Mo/Yr	Years
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TOTAL YEARS _____

Private Schools, Military Service, and/or Other Work Experiences

Name of Work Place	Address	City, State, Zip	Phone Number	Type of Work Duties Performed	Time Taught		Total Years
					Mo.	Mo.	

TOTAL YEARS _____

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Write a brief summary of you philosophy of education:

Hamilton Community Consolidated School District No.328, 270 North 10th Street, Hamilton, Illinois 62341, does not discriminate against any applicant for employment because of physical or mental disabilities unrelated to his/her ability to fill the position or because of the race, sex, color, religion, age, national origin or ancestry of the applicant.

PLEASE READ AND SIGN

I hereby certify that the statements above are true and complete to the best of my knowledge. If any of the foregoing information is untrue in any respect, I understand that such false statement shall be grounds for termination of my contract with the Hamilton Community Consolidated School District No.328, and it would make it a Class A misdemeanor for an applicant for a certified school position to willfully make false statements on the application for employment. I also understand that before any contract for teaching becomes effective or compensation is possible, a valid Illinois Teaching Certificate for the teaching assignment must be filed in the office of the Regional Office of Education #26 for Hancock-McDonough Counties.

By signing this application, I authorize Hamilton Community Consolidated School District No.328 to request information from any of my

former employers to provide Hamilton Community Consolidated School District No.328 with all such information, including a written reference, as requested by the Hamilton Community Consolidated School District No.328. I further understand that if I accept a contract to teach in the Hamilton Community Consolidated School District No.328, the above actual statements are to become a part of my permanent record.

Date

Signature of Applicant

PLEASE NOTE: After completing this application , your next step is to furnish up-to-date credentials from the University or College where you graduated. The application form and credentials must be on file with the Hamilton Superintendent's Office before the initial interview. Furnishing a Transcript of Credits at this time, may be unofficial.

PLEASE INDICATE REFERRAL SOURCE TO HAMILTON C.C. SCHOOL DISTRICT NO.328 FOR EMPLOYMENT

____EMPLOYEE ____NEWSPAPER ____STUDENT ____PLACEMENT OFFICE ____DATA BASE

____OTHER: PLEASE SPECIFY