

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