

CERTIFIED STAFF APPLICATION FOR EMPLOYMENT

Lockport School District 91
Kelvin - Milne Grove Schools
808 Adams Street
Lockport Illinois 60441
Dr. Kathleen Wilkey, Superintendent

Lockport School District 91 does not discriminate on the basis of gender in employment and is required by Title IX of the Federal Education Amendments of 1972 and Part 86.9 of the regulations issued there under not to discriminate in such manner.

PERSONAL INFORMATION

Name		Date	
Street Address			
City, State, Zip Code		Work Phone	
Home Phone		Email Address	
Mobile Phone		IEIN No.	
Are you presently under contract?	Y/N	Date Available	
Are you able to travel to Lockport for an interview during a school day?			Y/N

POSITION

ELEMENTARY SCHOOL: GRADE LEVEL PREFERENCE

First Choice		Second Choice		Third Choice	
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JUNIOR HIGH: SUBJECT PREFERENCE

First Choice		Semester Hours	
Second Choice		Semester Hours	
Third Choice		Semester Hours	

SPECIAL POSITIONS (Guidance Counselor, Nurse, Psychologist, etc.)

List all subjects in which you have at least 18 semester hours

Subject		Credit Hours	
Subject		Credit Hours	
Subject		Credit Hours	
Subject		Credit Hours	

CERTIFICATION

Illinois Certification	Y/N	Pending - Date Applied	
Certificate No. & Type		County Applied	
Certificate No. & Type		County Applied	
Certificate No. & Type		County Applied	
Illinois Certification Test			
Date test passed		If not passed, date test will be taken	

EDUCATION

GPA: Undergraduate

Graduate

Undergraduate Work

College/University	City & State	Degree	Major	Minor	Dates Attended

Graduate Work

College/University	City & State	Degree	Major	Minor	Dates Attended

List college activities in which you were engaged and honors received before or after graduation to support your candidacy:

TEACHING EXPERIENCE (list most current first; include Student Teaching)

School: Elem/Jr. High	City & State	Position/Grade/Subject	Date From-To

OTHER WORK EXPERIENCE (list most current first)

Firm/ Institution	City & State	Position	Dates

REFERENCES			
Name	Address	City, State, Zip & Phone	Relationship

Please read and sign

I hereby certify that the above statements are true and complete to the best of my knowledge and that false statements contained herein shall be sufficient for non-employment or cause for dismissal.

I also understand that in accordance with Chapter 122, Section 10-21.9 of the Illinois School Code, a criminal background investigation will be conducted as a condition of employment.

Signature of Applicant

Date

Return completed application to:

Dr. Kathleen Wilkey, Superintendent
 Lockport School District 91
 808 Adams Street
 Lockport IL 60441