

# CERTIFIED STAFF APPLICATION FOR EMPLOYMENT

Lockport School District 91  
Kelvin - Milne Grove Schools  
808 Adams Street  
Lockport Illinois 60441  
Donna J. Gray, 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			
Home Phone		Work Phone	
Mobile Phone		Email Address	
Social Security No.		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	
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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	

## 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, if employed, false statements contained herein shall be sufficient 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:**

Mrs. Donna Gray, Superintendent  
 Lockport School District 91  
 808 Adams Street  
 Lockport IL 60441