

GALATIA COMMUNITY UNIT DISTRICT #1

200 North Hickory Street

Galatia, IL 62935

Telephone: 618-268-6207

FAX: 618-268-4949

Application for Employment

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____ Phone: Home () _____
Street/P.O. Box
City State Zip Work () _____

Position Desired: _____

Teaching Certificate(s): _____
Type County State Date Issued Expires

EDUCATION (Include H.S.)

Degree	Institution and Location	From/To	Date Received	Major/Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

Employer: _____ Name	Address: _____ Street/P.O. Box
Telephone: () _____	_____
Employment Dates (From-To): _____	City State Zip
Supervisor: _____	Salary: \$ _____
Position/Duties/Grade Level: _____	

Employer: _____ Name	Address: _____ Street/P.O. Box
Telephone: () _____	_____
Employment Dates (From-To): _____	City State Zip
Supervisor: _____	Salary: \$ _____
Position/Duties/Grade Level: _____	

Employer: _____ Name	Address: _____ Street/P.O. Box
Telephone: () _____	_____
Employment Dates (From-To): _____	City State Zip
Supervisor: _____	Salary: \$ _____
Position/Duties/Grade Level: _____	

SPECIAL ACHIEVEMENTS

Please list publications, scholarships/fellowships, involvement in community/professional organizations, community/school honors.

Please answer the following questions briefly and in your own handwriting:

1. What are your three most important reasons for wanting to be a teacher?

2. What is the most important aspect or attribute that you can bring to Galatia Schools?

3. Why do you feel you are the best person for this job?

ACKNOWLEDGEMENTS

I hereby certify that the facts set forth in this application for employment are true, accurate, and complete. I understand that any misrepresentation or omissions of facts made by me on this application shall be sufficient cause for my disqualification for employment or termination of employment. Further, I understand that, pursuant to 105 ILCS 5/22.6.5, failure to provide requested employment or employer history which is material to my qualifications for employment or the provision of statements which I do not believe to be true may be a Class A misdemeanor. I understand that this application and records become the property of the District.

I understand that any employment or offer of employment is subject to a physical examination, a submission of an immigration (I-9) form, which is also required pursuant to The Illinois School Code, Section 24-5, and approval of the Board of Education.

I hereby authorize Galatia Community Unit School District #1, Saline County, 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 Galatia Community School District #1 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 Galatia Community Unit School District #1, Saline 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.

I hereby waive written notice from my current employer and/or any previous employers, as provided by the Illinois Personnel Record Review Act, 820 ILCS 40/0.01 et seq. and authorize them to release information regarding my performance and any disciplinary action taken against me within the past four years.

I hereby release the officers, agents, employees and directors of each of my past employers and Galatia Community Unit School District #1, its officers, agents and employees, from any and all liability arising from the 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 now have or may in the future have concerning such disclosures, regardless of their nature.

Signature of Applicant

Date

Galatia Community Unit School District #1 is an equal opportunity employer and does not discriminate in any of its employment practices on the basis of sex, race, color, religion, political affiliation or handicapping conditions that would not affect their job performance.

Have you ever been convicted of a felony? YES NO If yes, please explain:

I have requested that my credentials be forwarded from (include name and address of institution):