

**Central Stickney School District #110**

**Charles J. Sahs School**

**5001 South Long Avenue**

**Chicago, IL 60638**

**Professional Staff Application**

School District #110 does not illegally discriminate with regard to race, color, religion, creed, sex, national origin, ancestry, age, marital status, citizenship status, handicap or disability or unfavorable discharge from military service.

An equal Opportunity Employer

*(Please Print or Type)*

If you need assistance or accommodation in the application or interview process please contact the Principal at 708-458-1152.

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number & Street

City, State & Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Position Desired**

<u>Choice</u>	<u>Field/Grade Level</u>	<u>Number Years Experience</u>	<u>Semester Hours</u>
<u>1<sup>st</sup></u>	_____	_____	_____
<u>2<sup>nd</sup></u>	_____	_____	_____
<u>3<sup>rd</sup></u>	_____	_____	_____

Total Years Experience \_\_\_\_\_

Have you filed an application with our School before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date \_\_\_\_\_ and position applied for \_\_\_\_\_

Are you presently under contract with any school district for the next school year? Yes \_\_\_\_\_ No \_\_\_\_\_

This application will remain on file for one year from the date of application only; it must be renewed if further consideration for a position is desired.

## Education

School	Name	Location (City/State)	Dates Attended	Diploma/ Degree	Grade

An official college/university transcript is required before consideration can be given to your employment. It should include all courses at the time of the application.

## Certification

Kind(s) of State License(s) held \_\_\_\_\_

If certificated in another state, indicate which state and type of License held \_\_\_\_\_

List endorsements to your state License below:

\_\_\_\_\_ Semester Hours                      \_\_\_\_\_ Semester Hours

\_\_\_\_\_ Semester Hours                      \_\_\_\_\_ Semester Hours

Areas(s) of Specialization:

\_\_\_\_\_ Semester Hours                      \_\_\_\_\_ Semester Hours

\_\_\_\_\_ Semester Hours                      \_\_\_\_\_ Semester Hours

If applying for a teaching position numbers of semester hours (total) you have earned in:

- |                       |                          |               |
|-----------------------|--------------------------|---------------|
| _____ Business        | _____ Foreign Language   | _____ English |
| _____ Science         | _____ Vocational         | _____ Reading |
| _____ Speech          | _____ Journalism         | _____ Music   |
| _____ Art             | _____ Physical Education | _____ Drama   |
| _____ Industrial Arts | _____ Social Sciences    | _____ Health  |
| _____ Home Economics  | _____ Mathematics        | _____ Other   |

**Teaching/School Related Work Experience**

List most recent experiences first. Include student teaching if less than 3 years experience. Use separate sheet if necessary. Indicate any skills, experience or training you have received which will assist the District in placement.

<b>From</b>	<b>To</b>	<b>Salary</b>	<b>Name and Address of Employment</b>	<b>Administrator</b>	<b>Grade/Subject/Title</b>

**Professional References**

(Those who have not taught or those who have taught for only one administrator must list student teaching information.) Please list those whom we may contact even if they are the same as those on file with your college/university placement office.

**Teachers Without Experience Complete This Section**

	<b>Name</b>	<b>Address Number/Street</b>	<b>City/State/Zip</b>
Supervisor of Student Teaching			
Coordinating Teacher			
Coordinating Teacher			

**Candidates With Experience Complete This Section Include References From Last Five Positions. If more than one position in the same School System, list each.**

<b>Full Name of Reference</b>	<b>Position</b>	<b>Address Number/Street/City/Zip</b>	<b>Phone(s)</b>

Have you ever been convicted of a felony \_\_\_\_\_ Yes \_\_\_\_\_ No

If so what felony? \_\_\_\_\_

If you are not employed full time, are you interested in being placed on our substitute list? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Agreement**

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omission of fact shall be sufficient cause for disqualification of this application or termination of employment. I understand that, pursuant to 105 ILCS 5/22-6.5, my failure to provide requested employment of employer history material to my qualifications for employment or provision of statements I do not believe to be true may be a Class A misdemeanor. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the District.

As an applicant for employment in Central Stickney Elementary School District #110, I hereby authorize School District #110 to submit my name, date of birth and social security number to the proper law enforcement agency to determine if I have ever been convicted of criminal or drug offenses as specified under Section 10-21.9 of The School Code. I understand that School District #110 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.** I hereby indemnify, save, and hold harmless School District #110, Cook County, Illinois, and any of its officers, agents, and employees from any claim or liability or damage which may arise from the proceedings of a law enforcement agency or the 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 above background checks. Further, I recognize that any pending or actual employment is terminable "AT WILL", i.e. with or without cause and with or without notice.

I hereby authorize School District #110 to conduct work history and reference checks to determine my acceptability for employment. Pursuant to the Illinois Personnel Record Review Act, 820 ILCS 40/0.01 et seq. I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. Further, I hereby release the officers, agents, employees and directors of each of my past employers and School District #110, employees and director of each of my past employers and School District #110, Cook County, Illinois, its officers, agents and employees, from any and all liability arising from disclosure of personnel records and from verbal appraisals of my performance. I understand and agree that this waiver includes any and all manners of actions that I may now have or may have in the future concerning such disclosures, regardless of their nature.

\_\_\_\_\_  
Signature of Applicant

**Immigration Control and Reform**

On November 10, 1986, Congress enacted the Immigration Reform and Control Act of 1986 (IRCA). The provisions of the IRCA apply to all new employees and any employer who hires, recruits, or for a fee, refers persons for employment in the United States.

In order to be compliance with the new law, the employer is required to verify the status of any prospective employee. Initially, the employer, individual being employed is not an unauthorized alien. In the verification, the employer must also substantiate that the employer has arrived at this conclusion through the examination of one of the following documents: 1) United States Passport; 2) Certificate of United States Citizenship; 3) Certificate of Naturalization; 4) unexpired Foreign Passport, if it has an unexpired endorsement authorizing employment; or 5) a resident Alien Card or other alien registration card if the information relating to that individual, and if the card contains authorization of employment. If the employee does not have any of the above listed documents, then the employer must use the following documents in order to determine eligibility for employment: 1) Social Security Account Number Card; 2) United States birth certificate or certificate establishing U.S. Nationality at birth; or 3) other documentation evidencing authorization of employment in the United States. In addition, the applicant/employee must also establish identity by presenting a driver's license or similar document issued for identification purposes by a State, if it contains a photograph or other personal, identifying verification of documentation and legal status.

I hereby declare that I am not an unauthorized alien. Proof of status being:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Acknowledgment of Mandated Reporter Status**

I further understand that when I am employed as a \_\_\_\_\_, I will become a mandated reporter under the Abused and Neglected Child Reporting Act (32 ILCS 5/1 et seq.) This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect I may be found guilty of Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act, the Medical Practice Act, the Psychologist Registration Act, the Social Workers Registration Act, the Dental Practices Act, The School Code or "AN ACT to regulate the practice of Podiatry", I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read these statements and have knowledge and understanding of the reporting requirements which apply to me under the RICA Act of 1986 and Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

.....

**For School Use Only**

“Illinois Sex Offender List” checked by \_\_\_\_\_ on \_\_\_\_\_

“Illinois State Police Murderer & Violent Offender List” checked by \_\_\_\_\_

on \_\_\_\_\_.

Fingerprints: \_\_\_\_\_

Drug Test: \_\_\_\_\_