

ALTON COMMUNITY UNIT SCHOOL DISTRICT NO. 11

1854 E. Broadway  
Alton, IL 62002  
618 433-7824 - Office  
618 463-2126 – Fax

CERTIFIED EMPLOYMENT APPLICATION

Alton Community School District No. 11 does not discriminate on the basis of race, color, religion, national origin, age, sex, marital status, disability, unfavorable military discharge or any other unlawful basis in the recruitment, selection or employment of its employees. Individuals requiring special accommodations in the application process should contact the District’s ADA/Section 504 Coordinator. Alton Community Unit School District No. 11 is an equal opportunity employer and educator.

Date _____		Social Security No. _____		Telephone _____	
Name _____		_____		_____	
(Last)	(First)	(Middle)	(Any other name under which records may be filed)		
E-mail Address _____					
Current Address _____			Permanent Address _____		
_____			_____		
(Street)			(Street)		
_____			_____		
(City)	(State)	(Zip Code)	(City)	(State)	(Zip Code)

Positions for which you are applying: (check all that apply)

\_\_\_\_ Early Childhood – Subject Areas \_\_\_\_\_

\_\_\_\_ Elementary – List Grade Preference \_\_\_\_\_ 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice

\_\_\_\_ Middle School – Subject Areas \_\_\_\_\_

\_\_\_\_ High School – Subject Areas \_\_\_\_\_

\_\_\_\_ Special Education – Disability Areas \_\_\_\_\_ Grade Level \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Type of Licensure held \_\_\_\_\_ State \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ No. \_\_\_\_\_

Activities for which you are qualified to coach or sponsor \_\_\_\_\_

List of Honors/Special Achievements \_\_\_\_\_

You are not obligated to disclose sealed or expunged records of a conviction or an arrest. Have you ever been convicted of or pleaded guilty to any criminal offenses other than minor traffic offenses?

\_\_\_\_ (Yes) \_\_\_\_ (No)

**EDUCATIONAL TRAINING**

High School \_\_\_\_\_ Location \_\_\_\_\_

COLLEGE/UNIVERSITY	LOCATION	MAJOR/MINOR	DEGREE

**TEACHING EXPERIENCE**  
(do not include student teaching or substitute teaching)

SCHOOL	ADDRESS	DATES	GRADE/SUBJECT

**OTHER EMPLOYMENT EXPERIENCE**

ORGANIZATION	LOCATION	RESPONSIBILITIES	DATES	REASON FOR LEAVING	SUPERVISOR

**EMPLOYMENT REFERENCES**

List superintendents, principals and supervisors who are familiar with your work. If you have had no teaching experience, give the names of your supervising teacher or college instructors.

NAME	POSITION	PRESENT ADDRESS	PHONE

Applicants for the position of a teacher, principal, central office adm. or other certified school district employment are advised that a willfully false statement or knowing omission of any employment history requested on this application may constitute a Class A Misdemeanor. Additionally, any materially false statement or omission will lead to termination from employment. Accordingly, I hereby acknowledge that the statements contained herein are accurate and that I have not omitted any employment information requested on this application.

If employed, you will be required to provide the following items: evidence of physical fitness to perform duties assigned and freedom from communicable disease in accordance with the Illinois School Code.

I understand that I am subject to a criminal background investigation as per the laws of the State of Illinois and a drug test. I further understand that I may be subject to immediate dismissal if the investigation discloses a conviction of certain specified criminal or drug offenses under the Illinois School Code. I hereby authorize the District to initiate a drug test and criminal background check with the State Police and FBI and agree to execute any forms required for said investigations. This application is good for one year.

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