

**Rock Falls High School District #301**  
**101 12<sup>th</sup> Avenue**  
**Rock Falls, IL 61071**

Certified Employment Application

**Personal Information**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State ZIP

Telephone # (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**Permanent or Reference Address (If different from above)**

Address: \_\_\_\_\_  
Street City/State ZIP

Phone # (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**Area for which you are applying**

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Administration      | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Full Time  |
| <input type="checkbox"/> High School Teacher | <input type="checkbox"/> School Nurse     | <input type="checkbox"/> Part Time  |
| <input type="checkbox"/> Special Education   | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Substitute |

If you are applying for a teaching position, what subjects are you qualified to teach?

| Subject | Major | Minor | Semester Hours of Training | Highly Qualified |    |
|---------|-------|-------|----------------------------|------------------|----|
|         |       |       |                            | Yes              | No |
|         |       |       |                            |                  |    |
|         |       |       |                            |                  |    |
|         |       |       |                            |                  |    |
|         |       |       |                            |                  |    |
|         |       |       |                            |                  |    |

If you are applying for a Special Education position, in what areas are you qualified to teach?

- |  |  |                                  |                                    |
|--|--|----------------------------------|------------------------------------|
| <input type="checkbox"/> Hearing Impaired  | <input type="checkbox"/> Learning Behavior Specialist I  | <input type="checkbox"/> Limited | <input type="checkbox"/> Unlimited |
| <input type="checkbox"/> Vision Impaired   | <input type="checkbox"/> Learning Behavior Specialist II | <input type="checkbox"/> Limited | <input type="checkbox"/> Unlimited |
| <input type="checkbox"/> Speech & Language |  |                                  |                                    |

If you are applying to substitute teach, are you a retired teacher?  Yes  No

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**Certifications and Endorsements**

| <u>Certificate Type/Endorsement</u> | <u>State Certificate – Date Issued</u> | <u>Expiration</u> |
|-------------------------------------|--|-------------------|
| _____                               | _____                                  | _____             |
| _____                               | _____                                  | _____             |
| _____                               | _____                                  | _____             |

Have you ever worked for Rock Falls High School District #301 before?     Yes     No

If yes, when? \_\_\_\_\_ What was your position? \_\_\_\_\_

List your reason for leaving \_\_\_\_\_

Are you currently under contract with another District?     Yes     No

If yes, can you be released from your contract if offered a position?     Yes     No

When would you be available? \_\_\_\_\_

\*Have you ever been convicted of a felony?     Yes     No

If yes, give date and nature of violation \_\_\_\_\_

\*No applicant for employment will necessarily be rejected because of a conviction of a criminal offense. The date and nature of the offense, the requirements of the position for which applicant is applying, as well as the applicant's qualifications will be considered.

**Professional Preparation**

| <u>Name of Institution</u> | <u>City/State</u> | <u>Years Attend</u> | <u>Degree Earned</u><br><u>Month/Year</u> |
|----------------------------|-------------------|---------------------|---|
| _____                      | _____             | _____               | _____                                     |
| _____                      | _____             | _____               | _____                                     |
| _____                      | _____             | _____               | _____                                     |

List any college extracurricular activities and honors received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Student Teaching**

| <u>School</u> | <u>Subject/Grade Level</u> | <u>Dates/To-From</u> | <u>Supervising Teacher/Principal</u> |
|---------------|----------------------------|----------------------|--------------------------------------|
| _____         | _____                      | _____                | _____                                |
| _____         | _____                      | _____                | _____                                |
| _____         | _____                      | _____                | _____                                |

**Teaching and/or Administrative Experience**

Name of School \_\_\_\_\_ City/State \_\_\_\_\_  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Administrator/Supervisor's Name \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**Teaching and/or Administrative Experience**

Name of School \_\_\_\_\_ City/State \_\_\_\_\_  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Administrator/Supervisor's Name \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**Teaching and/or Administrative Experience**

Name of School \_\_\_\_\_ City/State \_\_\_\_\_  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Administrator/Supervisor's Name \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

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**Private Schools, Military Service, or other Work Experiences**

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Date Ended \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Date Ended \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Date Ended \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**Professional/Personal References** (Include two professional references who know of your work professionally and one personal reference who knows of your character)

| Name  | Address | Telephone |
|-------|---------|-----------|
| _____ | _____   | _____     |
| _____ | _____   | _____     |
| _____ | _____   | _____     |

**List professional organizations to which you belong**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List leadership positions which you have held in various organizations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**CAREFULLY READ THE FOLLOWING BEFORE SIGNING:**

**\*\*No applications will be accepted without transcripts and copy of teaching certificate**

Rock Falls Township High School District #301 is an Equal Opportunity Employer and does not discriminate on the basis of sex, age, race, creed, color or national origin, or disabling conditions.

The applicant certifies that the information on the application is accurate and true. The applicant has been informed that if the applicant is employed and if it is later determined that false or inaccurate information is supplied, the applicant is subject to immediate dismissal. The Illinois School Code requires a criminal background investigation for all District #301 employees. All hiring is subject to the results of that investigation and official School Board approval.

I authorize the release and full disclosure of any or all information that you have concerning me, including information of a confidential or privileged nature, to any duly authorized agent of the Rock Falls High School District. I hereby release you, your organization, or others from liability or damage which may result from furnishing the information. A copy of this authorization and release is as valid as the original and should be recognized as such.

I hereby warrant that I have not been convicted of any of the offenses as outlined in Section 10-21.9 of the Illinois School Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_