

BUNKER HILL COMMUNITY UNIT SCHOOL DISTRICT #8

**504 E. Warren Street
Bunker Hill, IL 62014
618-585-3116 – Office
618-585-3212 – Fax**

CERTIFIED EMPLOYMENT APPLICATION

Bunker Hill CUSD 8 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. Bunker Hill CUSD 8 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 Preferences _____ 1st Choice _____ 2nd Choice _____ 3rd 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 disclosed sealed or expunged records of a conviction or an arrest. Have you ever been convicted of or pled 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(s) or college instructors.

NAME	POSITION	PRESENT ADDRESS	PHONE

Applicants for the position of a teacher, principal, central office administration 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 _____