

**Willow Springs Public School District 108
8345 Archer Avenue
Willow Springs, Illinois 60480-1499**

Telephone: 708-839-6828 Fax: 708-839-8399

Teacher's Aide Application

Please type or print in blue or black ink. This application must be completed in full in order to be considered for employment. Do not omit any item. Please be sure to follow all directions and return application with all required materials. Unless instructed otherwise, applications and materials will be kept on-file and considered active for one year after receipt.

PLEASE FORWARD COMPLETED APPLICATION WITH A COPY OF YOUR TRANSCRIPTS, CERTIFICATE AND RELEVANT CAREER FILE INFORMATION TO THE ADDRESS ABOVE.

Name: _____ **Date:** _____

Address (Current): _____

Address (Permanent—If different from above):

Phone (Current): _____ **Phone (Permanent):** _____

Position you are applying for: (1st Choice) _____

(2nd Choice) _____

(3rd Choice) _____

Please list all extra-curricular activities you are able to coach or direct successfully:

Are you currently under contract? _____ **If yes, date of expiration:** _____

Present Position: _____

Date available to begin work at Willow Springs School: _____

Professional Preparation

Starting with your most recent degree earned, list in order the schools you have attended.

	Institution and Location	Major/Minor	Degree or Number Of Credit Hours	Grad. Date
High School:	_____	_____	_____	_____
	_____	_____	_____	_____
Undergrad:	_____	_____	_____	_____
	_____	_____	_____	_____

Professional Experience

Starting with your most recent work experience first, list in order the any work experience you have had.

Name and Location	Supervisor	Telephone	Position	Month/Year	
				From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Military Service (if any)

Branch of Service	Nature of Service	Highest Rank	Month/Year	
			From	To
_____	_____	_____	_____	_____

Certification

Please list all educational certifications held.

Certification Description	Type	State	Grade/Subject
_____	_____	_____	_____

Professional Organizations and Community Leadership Activities

References

Please list the names of three persons who know of your professional work and qualifications.

Name	Position	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Statement of Characteristics

Add here any other information that will provide the district a more complete estimate of your training, experience, character and ability. Attach an additional sheet if necessary.

Employment Information

	YES	NO	Initials
1. Have you ever been convicted of, pled nolo contendere to or received a deferred sentence to a crime other than a minor traffic violation?	_____	_____	_____
2. Are criminal charges (other than minor traffic violations) currently pending?	_____	_____	_____
3. Have you ever been charged with a crime other than a minor traffic violation?	_____	_____	_____

(Note: a conviction, plea deferred sentence or charge is not an automatic bar to employment. Each situation will be considered on its own merits.)

If you answered yes to any question, please explain the circumstances in detail, and include the nature of the charge, the court, the date and the disposition of the case. (Use a separate piece of paper if necessary.)

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked by the School District unless I have indicated otherwise. I authorize the references listed above as well as any other individuals whom the District contacts (including my current and former employers and any government or law enforcement agency) to provide the District any and all information concerning my previous or current employment and any other pertinent information that they may have to the District. Further, I release all parties and persons from any and all liability for any damages that may result as a consequence of furnishing such information to the District as well as a consequence of the use of such information by the District of any of its agents, employees or representatives for the purposes related to this application or my employment. **I understand that ANY misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment, OR if I am hired, may result in my employment being terminated by the District.**

Signature of Applicant

Date