

KEWANEE COMMUNITY UNIT SCHOOLS

SCHOOL DISTRICT NUMBER 229

210 Lyle Street
Kewanee, Illinois 61443
(309) 853-3341
FAX (309) 852-5504

APPLICATION FOR CERTIFIED POSITION

Date _____, 20____

1. Personal Data

Name _____
Last First Middle

Present Address _____

City _____ State _____ Zip _____ Telephone _____
(include area code)

Until _____, 20____

Permanent Address _____

City _____ State _____ Zip _____ Telephone _____
(include area code)

II. Position Desired

First Choice: _____

Second Choice: _____

Third Choice: _____

III. Certification

Do you hold a current
Illinois Teachers Certificate? _____

Type of Certificate: _____

Grade Level(s) _____

Subject Area(s) _____

Do you hold a current
Illinois Administrative Certificate? _____

Type and Endorsement: _____

List certification in
other states: _____

IV. Educational and Professional Data

(A transcript of your college credits is desirable, although not required. For the purposes of this application, a photocopy of an official transcript is sufficient.)

	NAME OF INSTITUTION	CITY AND STATE	DATES ATTENDED	DATE OF GRADUATION	DEGREE OR IF NO DEGREE SEM. HOURS
HIGH SCHOOL					
COLLEGE					
UNIVERSITY					
OTHERS					

Have you acquired 15 semester hours since you received your A.B. or B.S. Degree? _____

Have you acquired 30 semester hours since you received the M.A. Degree? _____

What is your college major area of preparation? _____

What is your college minor area of preparation? _____

What extra curricular activities can and are you willing to direct? _____

V. Student Teaching

When _____

Name of School _____

Address _____ City _____

State _____ Zip _____ Telephone _____

(Include area code)

Subjects _____ Grade Level(s) _____

Name of Cooperating Teacher _____

Home Address _____ City _____

State _____ Zip _____ Telephone _____

(Include area code)

VII. References

If you have credentials on file with an educational placement office, please provide the following information:

Name of Placement Office _____

Address _____

City _____ State _____ Zip _____

It is preferred that your credentials be placed on file with your application.

Because placement office credentials are not always up-to-date or complete, please provide information regarding references who can be contacted concerning your qualifications for the position for which application is being filed. Include persons who have personal knowledge of your teaching ability, i.e., supervising teacher, college supervisor, principal, superintendent, etc.

NAME	OFFICIAL POSITION	PRESENT ADDRESS IN FULL	TELEPHONE

I hereby certify that the information herein is a true and complete statement of my personal and professional record as of this date. Making false statements or material omissions on this application may result in the applicant being found guilty of a Class A misdemeanor under the provisions of Illinois' School Code.

Signature Date

The district is an equal opportunity employer and does not discriminate on the basis of age, sex, religion, race, color, national origin, ancestry, marital status, physical or mental handicap unrelated to job requirements, or unfavorable discharge from military service.

If you do not hold an Illinois Teaching Certificate, please contact the
Regional Superintendent, Henry/Stark Educational Service Region, 113 N. Canal St.
Annawan, Illinois 61234
The telephone number is (309) 937-2465. The Fax number is (309) 937-2877