



HIGH MOUNT SCHOOL DISTRICT 116

1721 Boul Ave.
Swansea, Illinois 62226
618-233-1054

EMPLOYMENT APPLICATION
(CERTIFIED/LICENSED STAFF)

DATE _____

Applying for: Full-time Position _____

Substitute Position _____

NAME: _____ **SS#** _____
LAST FIRST MIDDLE (MAIDEN)

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ **EMAIL:** _____
HOME CELL

Universities Attended

Degrees Received

Dates Attended

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Certificates

Type (Illinois) _____ Certificate # _____

Type (Other State) _____ Certificate # _____

Student Teaching Experience

LOCATION _____ DATE _____ COOPERATING TEACHER _____

Teaching Experience

Dates From - To

Subject(s) Taught

School District & Building

_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Experience other than teaching

<u>Dates From - To</u>	<u>Type of Work</u>	<u>Name & Address of Firm or Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list clubs or organizations to which you are or have been an active member:

Please list extracurricular activities in which you can coach, supervise, or otherwise lend support:

References

List persons not related to you who are most familiar with your professional work and training.

<u>Name</u>	<u>Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permanent address of parent or nearest relative who will know how to reach you in case of an emergency (not husband or wife).

Name: _____

Telephone # (home): _____ (cell): _____

Address: _____
STREET CITY STATE ZIP

RETURN APPLICATION WITH TRANSCRIPTS TO:

**Mr. Darin Loepker, Principal
High Mount School District 116
1721 Boul Avenue
Swansea, IL 62226**