



Spoon River Valley Schools

Community Unit District No. 4
Ellisville – Fairview – London Mills – Maquon - Rapatee
35265 N. IL 97

London Mills, Illinois 61544
Phone (309) 778-2201 FAX (309) 778-2655



Professional Application Certified Position

Date: _____

Position Applied For: _____

Name: _____

Current Address: _____

Telephone () _____ Cell () _____

I understand that pursuant to the School Code of Illinois, I am subject to a criminal background check. I further understand that I may be subject to immediate dismissal if the investigation discloses conviction of certain specified criminal or drug offenses under Section 10-21.9 of the School Code. I hereby authorize Spoon River Valley CUSD #4 to initiate a criminal background investigation by the Illinois State Police and agree to execute any forms required for said investigation.

Applicant Signature

I certify that the answers given within this Professional Application are true to the best of my knowledge. I understand that pursuant to 105 ILCS 5/22-6.5 of the School Code of Illinois, I may be committing a Class A misdemeanor if I have failed to provide requested employment or employer history which is material to my qualifications for employment or I have provided statements which I do not believe to be true. I further understand that, if employed by Spoon River Valley CUSD #4, such action on my part may result in dismissal from employment.

Applicant Signature

I understand that if offered employment with Spoon River Valley CUSD #4, I am required to undergo a physical examination.

Applicant Signature

Education

School _____ City & State _____ Degree _____

High School _____

Undergraduate _____

Graduate _____

Teaching Major(s) _____ Semester Hours _____
_____ Semester Hours _____
Teaching Minor(s) _____ Semester Hours _____
_____ Semester Hours _____

Graduate Semester Hours _____

Scholastic Honors _____

Certification

State _____ Subject(s)/Grades _____ Types _____ Number _____

Professional Organizations _____

Extra-Curricular Interest/Qualifications _____

Teaching Experience

School	City & State	Dates	Grades/Subject

Administrative Experience

School/District	Enrollment	City & State	Dates	Position

Non-School Work Experience _____

If hired, can you provide proof of U.S. citizenship or right to work? _____

If hired, are you able to perform all functions of the job? _____

Are you currently under contract with any school district in the State of Illinois during the upcoming school year? _____

References

(List only former employers and persons who can relate to your professional ability. List most current first.)

Name	Title	Address	Phone

**Community and Professional Service
(Include any additional appropriate information.)**

Your application is not complete until we have received the following:

1. Completed application
2. Completed set of credentials-Date requested
3. Official transcript-Date requested

Mail or fax this application to:

K. Scot Reynolds, Superintendent
Spoon River Valley CUSD #4
35265 N IL Hwy 97
London Mills, IL 61544