



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 Substitute

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

Spoon River Valley CUSD #4
Substitute Teacher/Aide Application
_____ School Year

Name: _____

Address: _____

Phone # _____

Certificate Type _____

Certificate # _____

Date Certificate Registered with Fulton County ROE _____

Major, Minor Areas of Study _____

BS or BA Degree _____ BS + 8 _____ BS + 16 _____ BS + 24 _____ MS _____

Institution Granting Degree _____

Number of Years Experience in Illinois _____

Please include my name of the substitute list for Spoon River Valley Schools.
I will substitute in the school/schools listed below in the subject or grades indicated.

Spoon River Valley Jr/Sr High School

Spoon River Valley Elementary School

_____ Do not include my name on the list of substitute teachers for the school year.

Signature _____ Date _____

Spoon River Valley CUSD #4 Does not discriminate on the basis of race, color, national origin, gender or disability.