



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

We look forward to receiving your application package. Your application package is not considered complete until we have received the following:

1. Completed and signed application page
2. Letter of application
3. Resume
4. Copies of transcripts (official copies will be required if hired, but not at this time)

Application packages can be emailed, faxed or mailed to:

Chris Janssen, Superintendent
Spoon River Valley CUSD #4
35265 N IL Hwy 97
London Mills, IL 61544

cjanssen@spoonrivervalley.us

Fax: 309-778-2655

If you have any questions or need further clarification, please feel free to contact us at the contact information above or call 309-778-2201.