

DEER CREEK-MACKINAW COMMUNITY UNIT SCHOOL DISTRICT #701

401 East Fifth Street

Mackinaw, IL 61755

Phone (309) 359-8965 FAX (309) 359-5291

APPLICATION FOR EMPLOYMENT  
CERTIFIED STAFF

*An Equal Opportunity Employer*

*This Application will be maintained for 12 months only*

I. GENERAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Date you will be able to start: \_\_\_\_\_

List, in order of preference, the grade and/or subject in which you are certified:

1. \_\_\_\_\_ 2. \_\_\_\_\_

II. PERSONAL INFORMATION (Please list any personal information you feel would be appropriate and helpful.)

\_\_\_\_\_  
\_\_\_\_\_

III. EDUCATION

Please list education institutions (high school, technical schools, college) attended beginning with the most recent.

Name & Location of School	Number of Years Completed (Circle One)	Degree Earned/Major
	1 2 3 4	
	1 2 3 4	
	1 2 3 4	
	1 2 3 4	

(OVER)

**IV. TEACHING AND/OR ADMINISTRATIVE EXPERIENCE**

School/Location	Grades/Subject/Position	Dates	# of Years

**IV. NON-TEACHING WORK EXPERIENCE**

Employer	Address	Type of Work	Salary	Dates

**VI. OTHER ACTIVITIES**

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**VII. REFERENCES (List persons who have official knowledge of your work and/or character.)**

Name	Address	Phone	Relationship

Have you ever been convicted of a crime other than a traffic violation?     Yes  No

I hereby do certify all statements and representations contained in this application are true, and I also authorize School District #701 to receive confidential information concerning my background, including a criminal offense background check as mandated by the State of Illinois in Section 10-2.19 of The School Code.

\_\_\_\_\_  
Applicant Signature of Authorization

\_\_\_\_\_  
Date

\*\*\*\*\*  
(OFFICE USE)

Date Interviewed: \_\_\_\_\_

By: \_\_\_\_\_