

Kevin Spain  
Superintendent  
114 S Eight St.  
Elkville, Illinois 62932  
Phone (618) 568-1321  
Fax (618) 568-1152

## Elverado CUSD No. 196

Dear Applicant:

We appreciate your interest in attaining a position with Elverado Community Unit School District No. 196. Following are the required documents and necessary steps in the application process.

### **Application**

Please complete the attached form and submit it along with the other required documents.

### **Credentials**

Please mail the following items:

- Professional Resume.
- Three letters of recommendation from individuals most able to judge your professional qualifications for the position to which you are applying.
- Copy of transcripts (official copies issued to applicant are acceptable)
- Copy of teaching Certificate/License(s)
- If prior teaching experience, request copies of your two most recent evaluations be sent to Elverado CUSD #196 Superintendent at the address listed below by your current/previous district.

Applicants for teaching positions should be certified for the position in which they are applying. Your certificate should clearly identify all relevant endorsements. If you are applying for a 6<sup>th</sup>-8<sup>th</sup> grade position you should also possess the appropriate Middle School endorsement.

No applicant will be considered until all requested documents are submitted. Applications and credentials will be kept on file until June 30<sup>th</sup> of the school year in which you are applying. If you would like your application and credentials be kept on file past this date you must request so in writing. All necessary documentation should be mailed to Kevin Spain - Superintendent, Elverado CUSD #196, PO Box 130, Elkville, IL 62932.

Yours in Education,

Kevin Spain  
Superintendent

..... Come Learn With Us .....

**Elverado Community Unit School District No. 196**

P.O. Box 130  
114 S. Eighth St  
Elkville, IL 62932  
District Office (618) 568-1321  
District Fax (618) 568-1152

**Application for Employment**

**Personal Information**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Phone (\_\_\_\_) (\_\_\_\_)  
Daytime Evening

E-mail \_\_\_\_\_

**Preferred Position**

(e.g.- First Choice: 5<sup>th</sup> Grade Second Choice: 7<sup>th</sup>/8<sup>th</sup> Math)

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**References**

	Name	Address	Phone	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Additional Comments:

Elverado CUSD 196 is an equal opportunity employer. The district provides equal employment opportunities to all persons regardless of race, color, creed, religion, sex, age, national origin, sexual orientation, or physical or mental disability. Any person who willfully makes a false statement on his/her application for employment is guilty of a Class A misdemeanor.

### Certification/License

Please indicate the Illinois certificates for which you qualify. Indicate if the certificate has been issued or has been applied for.

Type	Certificate Number	Grade/Subject	Date Issued	Applied For

Special Education Approval \_\_\_\_\_ Area \_\_\_\_\_

### Education

List all colleges or universities you have attended

College/University	Location (City, State)	Dates	Degree/Hrs Received	Major	Minor

### Experience

List in reverse chronological order all work experience. Include other experience as well as teaching and/or administrative. Beginning teachers should include student teaching experience.

Place	Location (City, State)	Dates	Assignment	Supervisor's Name

Are you currently under contract? \_\_\_\_\_

When would you be available? \_\_\_\_\_

### Activities

Please mark the activities for which you have experience or interest.

#### Coach

- \_\_\_ Baseball
- \_\_\_ Softball
- \_\_\_ Basketball
- \_\_\_ Volleyball
- \_\_\_ Cheerleading
- \_\_\_ Track
- \_\_\_ Football

#### Sponsor

- \_\_\_ Student Council
- \_\_\_ Yearbook
- \_\_\_ School Newsletter
- \_\_\_ Scholar Bowl
- \_\_\_ Beta Club
- \_\_\_ Instrumental Music
- \_\_\_ Vocal Music

#### Supervise

- \_\_\_ Bus
- \_\_\_ Playground
- \_\_\_ Lunchroom
- \_\_\_ School Dances
- \_\_\_ Other

### Personal Comments

Please provide enough information to answer the following questions completely.

What do you consider your greatest accomplishment(s) in your previous job, or student teaching?

Please explain your reason(s) for seeking employment in Elverado CUSD #196.

What are your professional goals? Why do you want to be a part of education?

In your own words, please state why you feel you should be considered for the position for which you are applying. Please indicate your unique qualifications.

By signing below, I affirm that the statements included in this application are true and correct to the best of my knowledge and belief. I further authorize any individual, company, or institution with whom I have been associated to furnish Elverado Community Unit School District No. 196 with any information concerning my employment. If employed, I hereby agree to comply with all relevant Illinois statutes affecting public school applicants and employees, and all pertinent rules, policies, procedures and regulations of Elverado Community Unit School District No. 196.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return your completed application to the address listed on the front of this application.

**If you have acquired prior teaching experience please complete the attached form and submit to your current/previous employer.**

## Personnel Records Request

Please print legibly

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

IEIN \_\_\_\_\_

Previous/Current School District \_\_\_\_\_

Dates of Employment: Begin \_\_\_\_\_ End \_\_\_\_\_

I, \_\_\_\_\_, understand that the “Tenure  
(Print Name)  
Portability” clause of Senate Bill 7 may expedite my opportunity of gaining tenure in  
Elverado Community Unit School District #196. As a former/current certified employee  
of \_\_\_\_\_ # \_\_\_\_\_ I authorize  
(Name of previous/current School District)  
the Personnel Records Custodian of the above mentioned school district to forward one  
copy each of my two most recent teaching evaluations to the superintendent of  
Elverado CUSD #196.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies should be sent to: Superintendent  
Elverado CUSD #196  
PO Box 130  
Elkville, IL 62932