

BUSHNELL-PRAIRIE CITY  
COMMUNITY UNIT SCHOOL DISTRICT #170  
845 N. WALNUT STREET  
BUSHNELL, IL 61422  
309/772-9461

APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE \_\_\_\_\_

“An Equal Opportunity Employer”



EMPLOYMENT RECORD (Include Military Service)

EMPLOYER	ADDRESS	POSITION	DATES FROM TO	ANNUAL SALARY	REASON FOR LEAVING

PROFESSIONAL BACKGROUND

1. ARE YOU NOW UNDER CONTRACT? \_\_\_\_\_

2. HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO  
IF YES, LIST THE NAME, ADDRESS AND PHONE NUMBER OF THE EMPLOYER AND EXPLAIN THE REASON(S) YOU WERE ASKED TO RESIGN.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. DO YOU HOLD A VALID ILLINOIS PEL? YES NO  
WHAT TYPE? \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_

4. YEARS FULL-TIME TEACHING EXPERIENCE: \_\_\_\_\_

REFERENCES (Give Three References)

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

UNDER THE PROVISIONS OF TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 AND THE AMERICANS WITH DISABILITIES ACT OF 1990, BUSHNELL-PRAIRIE CITY C.U.S.D. #170 IS PROHIBITED FROM DISCRIMINATING AGAINST ANYONE ON THE BASIS OF SEX OR DISABILITY IN EDUCATION PROGRAM, EMPLOYMENT, COMPENSATION, JOB CLASSIFICATION, OR PROMOTION.

BUSHNELL-PRAIRIE CITY C.U.S.D. #170 ADHERES TO THE DRUG FREE WORKPLACE ACT. AN EMPLOYEE WHO VIOLATES THE TERMS OF THIS POLICY MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.

EMPLOYMENT CONTINGENT UPON BEING ABLE TO PASS A PHYSICAL EXAMINATION PERFORMED BY A LICENSED PHYSICIAN.

I UNDERSTAND THAT BEFORE BEING EMPLOYED, I MUST PASS A PHYSICAL EXAMINATION APPROVED BY THE BUSHNELL-PRAIRIE CITY COMMUNITY UNIT SCHOOL DISTRICT. I AUTHORIZE ALL FORMER EMPLOYERS AND OTHER PERSONS TO GIVE ANY INFORMATION THEY HAVE REGARDING ME, OR MY EMPLOYMENT WITH THEM AND I RELEASE THEM AND THEIR COMPANIES FROM ANY LIABILITY FOR DAMAGES RESULTING THEREFROM.

I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS MADE BY ME ON THIS APPLICATION MAY PREVENT MY EMPLOYMENT OR MAY BE CAUSE FOR DISMISSAL IF HIRED. FAILURE TO PROVIDE REQUESTED EMPLOYMENT OR EMPLOYER HISTORY WHICH IS MATERIAL TO THE APPLICANTS QUALIFICATIONS FOR EMPLOYMENT OR THE PREVISION OF STATEMENTS WHICH THE APPLICANT DOES NOT BELIEVE TO BE TRUE MAY BE A CLASS A MISDEMEANOR.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

RETURN APPLICATION TO:

KATHY DINGERR  
SUPERINTENDENT  
BUSHNELL-PRAIRIE CITY C.U.S.D. #170  
845 NORTH WALNUT STREET  
BUSHNELL, IL 61422