

# WINTHROP HARBOR SCHOOLS

LAKE COUNTY • DISTRICT NO. 1  
500 NORTH AVENUE • WINTHROP HARBOR, ILLINOIS 60096  
(847) 731-3085 • (847) 731-3156 FAX

---

## APPLICATION FOR CERTIFIED STAFF

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ S.S. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Telephone Number \_\_\_\_\_

Position Applying For \_\_\_\_\_

### EDUCATIONAL BACKGROUND

	School Name	Address	Concentration	Diploma/Degree Earned	Date Completed
High School					
College					
College					
Graduate School					
Graduate School					

List additional, relevant courses, certificates, workshops, seminars, etc. (include college & dates):

---

---

---

---

---

---

---

**EMPLOYMENT HISTORY (Include Military Service)**

Employer	Position	Supervisor	Dates

\*\*In completing the above section, you may include verified work as a volunteer.

**EMPLOYMENT INFORMATION**

Why do you desire to leave your present position? \_\_\_\_\_

How did you become aware of this position? \_\_\_\_\_

If hired, when would you be available to start? \_\_\_\_\_

**INTERESTS**

List athletic and school club activities you could coach or sponsor \_\_\_\_\_

Other interests/hobbies \_\_\_\_\_

Scholastic honors/recognitions \_\_\_\_\_

Membership in professional organizations \_\_\_\_\_

Any additional information you would like to share \_\_\_\_\_

---

---

---

---

**REFERENCES**

Provide references from Supervisors, Managers, and others with whom you have worked and have knowledge of your character, personality, qualifications, and ability.

Name	Address & Telephone Number	Position	Dates

**Winthrop Harbor School District #1** is committed, in accordance with applicable law, to a policy of non-discrimination and equal opportunity for all employees and qualified applicants, without regard to race, color, religious creed, national origin, ancestry, sex, marital status, age, disability, unfavorable military discharge, or any other unlawful basis in the recruitment, selection, or employment of its employees. A disability or medical condition will not exclude you from employment if you are able to perform with reasonable accommodation the essential functions of the job for which you apply.

**AGREEMENT**

I authorize the school district to verify any information, contact references, and conduct a criminal background check.

I understand that any offer of employment is contingent upon proof of satisfactory reference checks and completion of a satisfactory medical examination.

I understand that, if employed, I will be required to comply with all School Board Policies and Administrative Procedures and Regulations.

I affirm that all statements made in this application and related materials are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facets called for in this application may result in denial of employment or immediate dismissal. Failure to provide requested employment or employer history which is material to the applicant’s qualifications for employment or the provision of statements which the applicant does not believe to be true may be a Class A misdemeanor.

Before appointment, federal immigration law requires one document to evidence identity, e.g. a driver’s license with photograph or other state-issued identification card, and one document to evidence work authorization, e.g. a social security card or a U.S. Passport.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Applications of all candidates will be kept on file for two years.