



Substitute Application for Employment

Rockford Lutheran School

"Igniting Minds and Souls"

Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving." Colossians 3:23-24

APPLICANT INFORMATION

First Name _____ Last Name _____ Check if RLS Alum Gr Yr _____

Street Address _____ City _____ State _____ Zip _____

Email _____

Phone _____ (Check here if this Number can receive Text Messages)

Alt Phone _____ (Check here if this Number can receive Text Messages)

Have you ever been enrolled in an educational institution or employed under any other name, such as a prior legal name or maiden name, etc.? Yes No If so, name(s) used: _____

Are you a U.S. Citizen? Yes No Are you eligible to work in the U.S.? Yes No

Have you ever been employed by Rockford Lutheran School? Yes No If so, dates? _____

FAITH BACKGROUND

Denominational Affiliation _____ Name of Church Attending _____

CRIMINAL BACKGROUND

Applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, or convictions that resulted in referral to a diversion program or minor traffic violations when answering the next question. A criminal record does not automatically bar employment by RLS but will be considered only as it relates to the position. Teachers have to undergo a rigorous background check through the State of Illinois and criminal background involving sexual or violent crimes will be serious impediments to employment.

Have you ever been convicted of, or plead guilty or no contest to any criminal offense, including sexual misconduct, other than the applicable exceptions listed above? Yes No If Yes, provide date, legal charges and a brief explanation: _____

Are there any charges pending against you for any criminal or civil offense by civil or military authorities? Yes No If Yes, provide brief nature of charges, status and court date: _____

SUBSTITUTE EXPERIENCE

List recent Schools/Districts where you were/are employed as a Substitute Teacher and worked at least 10 hours:

School/District Name and Campus Loc.	School Years with 10+Hours	Grades/Subjects Covered
_____	_____	_____
_____	_____	_____
_____	_____	_____



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EDUCATION/TRAINING HISTORY

Provide your relevant academic and training history below. All degrees will be verified. Transcripts will be required for teaching positions but are not a substitute for this summary information.

	School Name, City, State	Sem. Cr. Hr.	Subject Emphasis or Major(s)	Degree/Cert. Earned	Honors Received
College/University					
College/University					
Other Trade or Post-graduate Education					
Professional Training/Cert					

SUBSTITUTE/TEACHER LICENSURE

Initial Certification Date: _____ State: _____ Check Here is Substitute License Only
 Is your Certification current? Yes No Date it Expires/Expired: _____ State: _____

List all teaching certification subject areas or endorsements you have held and most recent state and expiration for each:

Endorsement Area/Title	State	Expiration Date

EMPLOYMENT HISTORY

NOTE: This section of the application must be completed even though additional material is being provided, e.g., resume, vita, or addendum. An incomplete application may result in the application being rejected or delayed which could result in a lost job opportunity. Therefore, please check to ensure that each item has been completed. *Do Not Answer "See Resume."*

List your employment in reverse chronological order beginning with your current or most recent position:

Employer: _____ Address: _____
 Dates (mm/yy): from: ___/___/___ to: ___/___/___ Hr/Wk or FTE: _____ Title: _____
 Duties: _____
 Supervisor: _____ May be Contacted? Y N Reason for Leaving: _____

Employer: _____ Address: _____
 Dates (mm/yy): from: ___/___/___ to: ___/___/___ Hr/Wk or FTE: _____ Title: _____
 Duties: _____
 Supervisor: _____ May be Contacted? Y N Reason for Leaving: _____

Employer: _____ Address: _____
 Dates (mm/yy): from: ___/___/___ to: ___/___/___ Hr/Wk or FTE: _____ Title: _____
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PROFESSIONAL REFERENCES

First and Last Name: _____ Title: _____
Years Known: ____ Work Relationship: _____ Company: _____
Contact Phone: _____ Email: _____

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Years Known: ____ Work Relationship: _____ Company: _____
Contact Phone: _____ Email: _____

EMPLOYMENT HISTORY

IMPORTANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION:

Rockford Lutheran School is a Christian educational institution operated as a Recognized Service Organization of The Lutheran Church-Missouri Synod (LCMS) and operates in partnership with the Evangelical Lutheran Church of America (ELCA), and in compliance with Title VII of the Civil Rights Act of 1964, employs only those individuals who meet the religious affiliation requirements established in its school policies.

I understand and agree that if hired, my employment is at will, which means that both the school and I have the right to terminate my employment with or without notice or cause.

I authorize the school and its representatives to investigate any and all of the information contained in this application, to conduct additional investigations of my experience and background as it relates to my application and to contact former employers, unless I otherwise stipulate. Employers provided by the applicant are hereby authorized to give any and all information concerning my previous employment. I hereby release the school from any liability arising from such investigation.

I understand and agree that this application does not represent an offer of, nor contract for, employment. I also understand and agree that if I am offered, and I accept, employment with Rockford Lutheran School that all disputes arising out of such employment shall be resolved by binding arbitration or mediation, and in lieu of any court action, or jury trial, which is expressly waived.

I certify that all of the information I have provided on this application and any associated documents provided in application to work for Rockford Lutheran School are true, accurate and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature

Date

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A SIGNATURE.

DO NOT WRITE BELOW THIS LINE

FOR HR OFFICE USE ONLY

Date Received: _____ Attachments: _____ Reviewed By: _____

Remarks: _____

Communications with Applicant: _____