

ALEDO COMMUNITY UNIT SCHOOL DISTRICT #201
402 East Main Street
Aledo, IL 61231
Phone: 309-582-2238 FAX 309-582-7428
Non-Certified Application

POSITION APPLYING FOR: _____

PERSONAL INFORMATION: _____

(Name)

(Address)

(Telephone)

(Date)

EDUCATION:

<u>Institution/Location</u>	<u>Major/Minor</u>	<u>Degree</u>	<u>Grad. Date</u>
-			

-			

-			

EMPLOYMENT HISTORY: Furnish all requested data on form. Do Not "Refer to Other Sources". List most recent employment first.

<u>Dates (From – To)</u>	<u>Number of Years</u>	<u>Position</u>	<u>Organization/Location</u>

REFERENCES: List three persons who have knowledge of your professional work and qualification. May we contact them? Yes or No

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
-			

-			

-			

EQUAL OPPORTUNITY EMPLOYER: Because of the philosophy of Aledo CUSD 201 and in keeping with the requirement of Title 9 of the Education Amendments Act of 1972 in regard to sex discrimination and Section 504 of the Rehabilitation Act of 1973 in regard to discrimination due to disability as well as other applicable federal and state laws and regulations as they pertain to discrimination in the areas of age, race, creed, color, religion, sex, national origin, veterans, and the disabled, the Aledo CUSD 201 actively follows a policy of practices, as well as the recruitment, admission, placement, and retention of students. Any person having inquiries concerning Aledo CUSD 201 compliance with Title 9 and Section 504 or requiring information about affirmative action or grievance procedures is directed to contact the district superintendent at 402 East Main Street, Aledo, IL 61231. Phone (309) 582-2238

I state that the information in this application is correct and accurate. I understand that references and other sources (including law enforcement agencies) may be checked for accuracy.

SIGNATURE OF APPLICANT _____

