SUBSTITUTE CHECKLIST

Name: _____Phone Number: _____

IEIN#: _____ Email: _____

Emergency
Contact _____ Phone Number_____

Indicate desired schools: ___ DuJardin (K-5) ___ Erickson (K-5) ___ Westfield (6-8)
166 Euclid Ave 277 Springfield Dr 149 Fairfield Way

___ Criminal Background Check
The State of Illinois requires all applicants to be fingerprinted for background check. Please make an appointment with Human Resources at the number below.

___ Employment Eligibility Verification, Form I-9
Bring your Driver's License and Social Security Card with completed Page 1

___ Educator License is registered with DuPage ROE

___ If you have a Paraprofessional License and a Bachelor's Degree, please request official college transcripts be sent to:
Dr. Evonne Waugh, 164 Euclid Ave, Bloomingdale IL 60108

___ Current Physical Exam and TB Test (within 90 days preceding application)

___ DCFS Form

___ Race and Ethnicity Form

___ Federal and Illinois W-4 Forms

Certified Teachers Only:
___ TRS Form

___ New Employee Pension Questionnaire

___ Social Security Form

Bloomingdale School District 13
164 Euclid Ave, Bloomingdale IL 60108
Ph: 630-893-9590 Fax: 630-893-1818