

SUBSTITUTE CHECKLIST

Name _____ Phone Number _____

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

___ 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

___ TRS Form – Certified Teachers Only

___ New Employee Pension Questionnaire

___ Social Security Form

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

___ 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.

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