



Application Screening Checklist

Applicant Name:

Telephone:

Email:

Required Material	Date Received	Received By	Date of District Email Confirmation	Notes
Application letter				
Completed application form				
Current professional resume				
Copy of transcripts				
Official transcripts				
Signed background check agreement				
Professional credentials or certification documents				
References/Letters of Recommendation				
[Other]				
[Other]				

Reviewer(s) Name:

Initial Screening:

All required information has been submitted by the deadline.

☐ Yes

☐ No, Date of Review:

Notes:

Qualifications Screening:

Candidate meets the following required qualifications.

☐ [qualification]

☐ [qualification]

☐ [qualification]

Candidate is currently:

☐ Certified for the position by the State of Illinois – Principal Endorsement

☐ Certified for the position in another state

☐ Completing certification requirements

Notes: