

# Section I

## STATE REQUIRED FORMS AND PERSONAL INFORMATION

1. \_\_\_\_ STATE OF IL. APPLICATION (508-1)
2. \_\_\_\_ BACKGROUND CHECK (fingerprinting- 718-b) OR (transfer form 718-4) **NOT BOTH**
3. \_\_\_\_ MEDICAL EXAMINATION FORM CFS 602 (to include TB and if you were born after 1959 the MMR)
4. \_\_\_\_ TRANSCRIPTS (unofficial)
5. \_\_\_\_ 3 LETTERS OF RECOMMENDATION (must be the same references as in your 508-1 and must **have contact information**)
6. \_\_\_\_ COVER LETTER
7. \_\_\_\_ RESUME
8. \_\_\_\_ Develop YOUR PHILOSOPHY OF Early Childhood Education