

APPLICATION FOR EMPLOYMENT

Franklin and Jefferson Counties Special Education District # 801 is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

IEIN: _____

APPLICANT QUESTIONS:

Applying for: Primary Intermediate Junior High Senior High All levels

Willing to substitute? Yes No

EDUCATION:

High School or G.E.D:

Name & Address of School: _____

Number of years completed: _____ Degree/Diploma: _____

College:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Check the one that applies to you: Bachelor Masters
 Hours Beyond Degree _____ Other: _____

Teaching License

Type: _____ Number: _____

Date of Issue: _____ Education: _____

Paraprofessional Certificate (For Teacher's Assistants)

Received Certificate Yes: _____ No: _____ Received: _____

Other Certifications Received

Type of Certification(s): _____

Expiration Date of Certification: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Duties: _____

_____ Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

| Name | Occupation | Years Known | Contact Information |
|----------|------------|-------------|---------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Franklin and Jefferson Counties Special Education District #801 is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize FJSPED to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release FJSPED, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand that FJSPED requires the successful completion of all conditions of employment prior to hiring.

Please note: Pursuant to 105 ILCS 5/22-6.5 any person making an application for a certified position at FJSPED who willfully makes a false statement or the knowing omission of any employment history on his/her application for employment may constitute a Class A misdemeanor. **I understand this application and accompanying resumes, VITA's, transcripts, etc. will be maintained for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

Signature of Applicant: _____ **Date Signed:** _____