



APPLICATION FOR EMPLOYMENT

Personal

Name: _____ SS#: _____

Street: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Position Applying For: _____

(Please Specify Grade Level/Subject Area)

Title of Teaching Certificate(s) Held: _____

Years Teaching Experience: _____ Interest in Assisting in Extra- Curricular Activities: Y N

What School Activities Did you participate in: _____

Do you hold a valid Illinois License? Yes No

Illinois Educator Identifying Number (IEIN): _____

What type(s): Professional Educator License (PEL) Educator License w/ Stipulations (ELS)
 Substitute License

Education/Training: Please list all educational institutions attended beginning with the most recent (including High School, Technical Schools, Colleges)		
Name & Location of School	Number of Years Completed	Degree Earned/Major

Work Experience

Please list your previous employers, starting with the most current employer.

Employer Name:		Address:	
Position:	Start Date:	End Date:	
Supervisor (Name and Title):			
Reason for Leaving:			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employer Name:		Address:	
Position:	Start Date:	End Date:	
Supervisor (Name and Title):			
Reason for Leaving:			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employer Name:		Address:	
Position:	Start Date:	End Date:	
Supervisor (Name and Title):			
Reason for Leaving:			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please complete the following two pages if applying for a

School Bus Driver Position

All driver applicants who currently possess a Commercial Driver's License (CDL) or whose positions for the School District would require a Commercial Driver's License (CDL) need to complete the section below. DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

Past Employers Requiring CDL	
Employer Name:	Contact Person (Name and Phone Number):
Employer Address:	
Start Date (Month and Year):	End Date (Month and Year):
Reason for Leaving:	

Employer Name:	Contact Person (Name and Phone Number):
Employer Address:	
Start Date (Month and Year):	End Date (Month and Year):
Reason for Leaving:	

Employer Name:	Contact Person (Name and Phone Number):
Employer Address:	
Start Date (Month and Year):	End Date (Month and Year):
Reason for Leaving:	

Accident Record			
Dates	Type of Accident (Head-on, rear-end, overturn)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

(Attach Sheet if more space is needed)

Traffic Convictions			
Please list all traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, please write none.			
Location	Date	Charge	Penalty

(Attach Sheet if more space is needed)

1. Are you at least 21 years of age or older? **Y N**
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Y N
3. Has any license, permit or privilege ever been suspended or revoked? **Y N**

If you answered "YES" to either 2 or 3 above, please provide details below:

Previous States Holding Driver's License				
Driver's Licenses	State	License No.	Type	Expiration

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with School District's policy. If I refuse to submit to testing, refuse to sign the School District consent form, or test positive; the School District will not employ me.

Professional References			
Please provide 3 professional references below for individuals who have supervised your previous work. (Supervisors, Principals, Superintendents)			
Name	Address, City, State	Position	Phone

Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? Yes No

If yes, please answer the following:

Where: _____

When: _____

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the School District to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. I also acknowledge a criminal background, sex offender, employment history review (EHR) check, and other checks required by Federal and State government and the school code must be conducted prior to my employment. I acknowledge that consideration for employment is contingent on the results of these background check(s). In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the school district.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Applicant's Signature: _____ Date: _____