



Employment Application

An Equal Opportunity Employer
This Application will be maintained for 12 months only

Name:		Date:	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>
Address:			
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i> <i>(State)</i> <i>(Zip Code)</i>
Telephone #			
E-mail Address:			
I will provide necessary documentation to validate that I am (Check a Box):			
<input type="checkbox"/> A citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.			
Position(s) Applying For:			
<input type="checkbox"/> Substitute <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
<input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Teacher <input type="checkbox"/> Cook <input type="checkbox"/> Paraprofessional (Aide) <input type="checkbox"/> Other: <input type="checkbox"/> Maintenance <input type="checkbox"/> Bus Monitor			
<input type="checkbox"/> Custodian			
Have you ever worked for this school district? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when & where _____			

Date available to Start:	
Are you available to Work: <input type="checkbox"/> <i>Full-time</i> <input type="checkbox"/> <i>Part-time</i> <input type="checkbox"/> <i>Days</i> <input type="checkbox"/> <i>Nights</i> <input type="checkbox"/> <i>Weekends</i>	
List any day or hours you are unable to work:	
Please indicate your source of referral:	
<input type="checkbox"/> District Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Contacted On Own <input type="checkbox"/> Other	
Name: _____	Name: _____

United States Military Service:

Do you have United States Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch: _____	
Date Entered:		Date Discharged:		Rank at Time of Discharge:	
Special Skills or Training from Service:			Present Military Status:		

Education & Training:

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

Name & Location of School	Number of Years Completed (circle one)	Degree Earned/Major
	1 2 3 4	
	1 2 3 4	
	1 2 3 4	

Work Experience: List below your previous employers, starting with the most current one.

Employer Name:		Address:	
Position:	Dates - From		To
Supervisor -Name and Title		Phone	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From		To
Supervisor - Name and Title		Phone	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From		To
Supervisor Name and Title		Phone	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From		To
Supervisor Name and Title		Phone	
Reason for Leaving			

Are there any other places you have worked in addition to those listed above? Yes No

Additional Experience:

Please list any additional experience.

Professional References: Include three professional references who supervised your previous work (principals, supervisors, superintendents).

Name	Address, City, State	Position	Phone Number	Email

THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Yes No Have you ever been convicted of an offense other than a minor traffic violation?

If YES, when, where, and disposition of the conviction:

Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest. You are also not obligated to disclose expunged juvenile records of adjudication or arrest.

Yes No Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge? (IF YES, EXPLAIN ON SEPARATE SHEET)

Yes No Have you ever been the subject of an indicated report by DCFS or similar state agency? (IF YES, EXPLAIN ON SEPARATE SHEET)

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

Please complete the following section if applying for a
CERTIFIED POSITION

Major: _____ No. of Hours: _____

Minors: _____ No. of Hours: _____

Are you now under contract to teach? YES NO

List any endorsements you hold:

If applying for a high school or junior high position, what subjects are you licensed to teach in Illinois?

At what grade level did you student teach? _____ Where: _____

Which extra class activities (including intramurals or interscholastic athletics) are you willing to direct?

Do you hold a valid Illinois License? YES NO

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

Illinois Educator Identifying Number (IEIN): _____

Please complete the following section if applying for a
SUBSTITUTE TEACHING POSITION

What is your preference for substituting?

_____ Elementary _____ Jr. High _____ High School

Do you have a valid Illinois License? YES NO

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

Illinois Educator Identifying Number (IEIN): _____

Please list the ROE (s) that you are registered with: _____

As an equal opportunity employer, Cerro Gordo CUSD #100 complies with Federal and State laws prohibiting discrimination in employment. Cerro Gordo CUSD makes all employment-related decisions without regard to race, color, religion, sex, creed, national origin, ancestry, disability, marital or veteran status, sexual orientation, pregnancy, gender identity, genetic information, or other unlawful considerations.

I understand that I must, if offered employment, submit to a criminal background investigation and that an offer of employment is subject to receipt of a criminal background check that does not contain any prohibited offenses as outlined in the Illinois School Code and is otherwise satisfactory to the School District. I further understand that an offer of employment is subject to receipt of positive recommendations/references.

I understand that any offer of employment will be subject to compliance with the identification and employment eligibility requirements imposed by the U. S. Immigration and Naturalization Service and/or the Department of Homeland Security, and the successful completion of a health examination, including a tuberculin test, if applicable. I authorize the release to the District of all high school, college and other educational records pertaining to my attendance, coursework and other school activities. I consent to the disclosure of all information about me relevant to this application for employment or relating to my present and former employment history, and I request all former employers to supply said information to Cerro Gordo CUSD on its request.

I authorize investigation of all statements contained in this application or made at any stage of this employment process as may be necessary or appropriate in arriving at an employment decision. I authorize and request my former employers to furnish Cerro Gordo CUSD with any personnel information requested by it. I release you, my former employers, from any liability that may arise as a result of your providing such information to Cerro Gordo CUSD and release Cerro Gordo CUSD and/or its agents for any action taken due to information released by any school, government agency or former employer.

I hereby certify that my statements in this application are true and complete to the best of my knowledge. I understand that the giving of false, misleading, or incomplete information, or the omission of relevant information on this application or at any point in the application process is sufficient independent cause, to the extent necessary, to cease further consideration of my application, or, if I am hired, for termination of employment.

Date

Applicant Signature