



Employment Application

Sandoval CUSD #501

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 (optional):					
I am (Check a Box) & will provide necessary documentation to validate that I am					
<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"/> Cook		<input type="checkbox"/> Paraprofessional (Aide)			
<input type="checkbox"/> Maintenance		<input type="checkbox"/> Bus Driver			
<input type="checkbox"/> Custodian		<input type="checkbox"/> Teacher		<input type="checkbox"/> Other:	

Have you ever worked for this school district before? Yes No

If yes, when & where _____

Date available to Start: _____

Are you available to Work: Full-time Part-time Days Nights Weekends

List any day or hours you are unable to work: _____

List Any Friends or Relatives working here:	(Name)	(Relationship)

Please indicate your source of referral:

District Employee Newspaper Employment Agency Contacted On Own 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	Year Graduated	Degree Earned/Major

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

Company Name:		Address:		
Position:	Earnings – Beginning	Ending	Dates - From	To
Supervisor -Name and Title		Phone ()		
Reason for Leaving				
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor - Name and Title		Phone ()		
Reason for Leaving				
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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.

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 _____

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 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 authorize a criminal background, sex offender, and other checks required by Federal and State government and the school code. 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.

Date: _____ **Applicant's Signature:** _____

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): _____