# Benton Consolidated High School District #103

## *Employment Application*

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

| | | | | |
|---|---|---|---|---|
| **Name:** | | | **Date:** | |
| | *(Last Name)* *(First Name)* *(Middle)* | | | |
| **Address:** | | | | |
| | *(Number)* *(Street)* | *(City)* | *(State)* | *(Zip Code)* |
| **Telephone #** | ( ) | | | |
| **E-mail Address:** | | | | |

**I am (Check a Box) & will provide necessary documentation to validate that I am**

☐ A citizen or national of the United States or
☐ Authorized by the Immigration and Naturalization Service to work in the United States.

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**Position(s) Applying For:**

☐ **Substitute** ☐ **Full-Time** ☐ **Part-Time**

| | | |
|---|---|---|
| ☐ **Administrative Assistant** | ☐ **Bookkeeper** | ☐ **Teacher** |
| ☐ **Cook** | ☐ **Paraprofessional (Aide)** | |
| ☐ **Maintenance** | ☐ **Bus Driver** | |
| ☐ **Custodian** | ☐ **Bus Monitor** | ☐ **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:**

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

**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? ☐ Yes ☐ 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 | Degree Earned/Major |
|---|---|---|
| | **1 ☐ 2 ☐ 3 ☐ 4 ☐** | |
| | **1 ☐ 2 ☐ 3 ☐ 4 ☐** | |
| | **1 ☐ 2 ☐ 3 ☐ 4 ☐** | |

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**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**

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## 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. 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_____

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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: _____**

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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

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: _____

_____

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Please complete the following section if applying for a

## SCHOOL BUS DRIVER POSITION

All driver applicants who currently possess a Commercial Drivers License (CDL) or whose position for the school district would require a Commercial Drivers 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:**

| | | |
|---|---|---|
| **Name:** | | |
| **Address:** | | |
| **City:** | **State:** | **Zip:** |
| **Contact Person:** | **Phone:** | |
| **Dates of Employment:**<br>From: Mo. Yr | To: Mo. | Yr. |
| **Reason For Leaving:** | | |

| | | |
|---|---|---|
| **Name:** | | |
| **Address:** | | |
| **City:** | **State:** | **Zip:** |
| **Contact Person:** | **Phone:** | |
| **Dates of Employment:**<br>From: Mo. Yr | To: Mo. | Yr. |
| **Reason For Leaving:** | | |

| | | |
|---|---|---|
| **Name:** | | |
| **Address:** | | |
| **City:** | **State:** | **Zip:** |
| **Contact Person:** | **Phone:** | |
| **Dates of Employment:**<br>From: Mo. Yr | To: Mo. | Yr. |
| **Reason For Leaving:** | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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# SCHOOL BUS DRIVER POSITION

**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:** and forfeitures for the past 3 years (other than parking violations) if none, write **none**

| Location | Date | Charge | Penalty |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

   IF THE ANSWER TO EITHER 2 OR 3 IS YES, GIVE DETAILS _____

   _____

**LIST PREVIOUS STATES HOLDING DRIVERS LICENSE:**

| | STATE | LICENSE NO. | TYPE | EXPIRATION |
|---|---|---|---|---|
| DRIVER'S LICENSES | | | | |
| | | | | |
| | | | | |

**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.**

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