

Rockridge CUSD #300



Employment Application

An Equal Opportunity Employer

This Application will be maintained for 12 months only.

Personal Information

Last Name		First		Middle	
Address:					
Telephone Number:		E-Mail:			
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	
Date Available To Start:					
Have you ever worked for this School District?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and in what position: _____					
Are you available to Work: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends					
List any day or hours you are unable to work:					
List Any Friends or Relatives working here:		(Name & Relationship)			

United States Military Service

Please provide a copy of your DD-214 (If Applicable).

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 all educational institutions attended beginning with the most recent (including High School, Technical Schools, College).

Name & Location of School	Number of Years Completed	Degree Earned/Major

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 Number

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		

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		

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

Additional Experience

Please list below any additional experience.

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:** _____

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: _____

Please complete the following two pages 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	
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:	

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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? Yes No
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes No
3. Has any license, permit or privilege ever been suspended or revoked?
 Yes No

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.