HARDIN COUNTY C.U.S.D. #1

Office of the Superintendent
P.O. Box 218, Elizabethtown, IL 62931
Phone: (618) 287-2411 Fax: (618) 287-2421

EMPLOYMENT APPLICATION

APPLICANT INFORMATION				
Name:			Date:	
	(Last Name) (First Name) (Middle)			
Address:				
	(Number) (Street)	(City)	(State)	(Zip Code)
Phone:				
E-mail Address (Optional):				

Position(s) Applying for:	Full-Time☐ Part-Time☐	Substitute☐
☐Administrator	☐Bookkeeper	☐Coach
☐Cook	☐Custodian	☐Maintenance
☐Nurse	☐Paraprofessional (Aide)	
☐Secretary	☐Teacher	☐Other: _____
Date Available to Start:		
Are you authorized to work in the U.S.?	Yes ☐ No ☐	
Have you ever worked for this school district before?	Yes ☐ No ☐	If yes, when?
Have you ever been convicted of a felony?	Yes ☐ No ☐	If yes, explain?
Please list any friends or relatives working here:	(Name)	(Relationship)

EDUCATION & TRAINING			
High School:		Address:	
From:	To:	Did you graduate? Yes☐ No☐	Degree:
College/Technical School:		Address:	
From:	To:	Did you graduate? Yes☐ No☐	Degree:
Additional Education/Training:		Address:	
From:	To:	Did you graduate? Yes☐ No☐	Degree:

UNITED STATES MILITARY SERVICE		
Do you have U.S. Military Service?	Yes ☐ No☐	Branch:
Date Entered:	Date Discharged:	Rank at time of Discharge:
Special Skills/Training form Service:		Current Military Status:

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WORK EXPERIENCE: Please list previous employers, starting with the most recent.			
Company Name:			Position:
Address:			
From:	To:	Supervisor:	Phone:
Reason for Leaving:			
Responsibilities:			
May we contact your supervisor for a reference? Yes☐ No☐			
Company Name:			Position:
Address:			
From:	To:	Supervisor:	Phone:
Reason for Leaving:			
Responsibilities:			
May we contact your supervisor for a reference? Yes☐ No☐			
Company Name:			Position:
Address:			
From:	To:	Supervisor:	Phone:
Reason for Leaving:			
Responsibilities:			
May we contact your supervisor for a reference? Yes☐ No☐			
Company Name:			Position:
Address:			
From:	To:	Supervisor:	Phone:
Reason for Leaving:			
Responsibilities:			
May we contact your supervisor for a reference? Yes☐ No☐			
Please list any additional experience not listed above.			

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REFERENCES: Please provide three professional references.	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

FOR SUBSTITUTE NON-CERTIFIED APPLICANTS		
Availability:	☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday	☐Days ☐Evenings
PLEASE ATTACH THE FOLLOWING		
• Copy of current Licensures. • Copy of Transcript from all colleges attended.		

FOR SUBSTITUTE TEACHING APPLICANTS	
Building Preference:	☐Elementary ☐Junior High ☐High School
Are you a retired teacher from an Illinois School District? Yes ☐ No☐	
Do you have a valid Illinois Professional Educator License? Yes ☐ No☐	
If yes, what type(s)? ☐Professional Educator License (PEL) ☐Educator License with Stipulations (ELS) ☐Substitute License	
IEIN Number:	
Please list the ROE(s) that you are registered with:	
Availability:	☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday
PLEASE ATTACH THE FOLLOWING	
• Copy of current Educator Licensure (ELIS). • Copy of Transcript from all colleges attended.	

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FOR CERTIFIED TEACHING APPLICANTS	
Do you hold a valid Illinois License? Yes ☐ No☐	
If yes, what type(s)? ☐Professional Educator License (PEL) ☐Educator License with Stipulations (ELS) ☐Substitute License	
Illinois Educator Identifying Number (IEIN):	
Major(s):	Number of Hours:
Minor(s):	Number of Hours:
Are you now under contract to teach? Yes ☐ No☐	
Please 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?	

PLEASE ATTACH THE FOLLOWING

- Copy of current Educator Licensure (ELIS).
- Copy of Transcript from all colleges attended.

DISCLAIMER AND SIGNATURE

- I certify that my answers are true and complete to the best of my knowledge.
- If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
- I authorize a criminal background, sex offender, and any other checks required by State and Federal government, The School Code, and the insurance carrier for the District. I acknowledge that consideration for employment is contingent on the results of these background checks.
- Hardin County School District is an Equal Opportunity Employer.
- Applications will be maintained for 12 months only.
- All applicants must be approved by the Board of Education.
- The District **will not** employ, **nor allow**, temporary staff (e.g. substitutes, coaches, stipend positions, etc.) to work more than **29 hours per week**.

Signature:	Date: