

Application for Employment – Non-Certified

EFFINGHAM COMMUNITY UNIT SCHOOL DISTRICT #40
PO Box 130, Effingham, Illinois 62401

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file for two years. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please type or print.

Effingham CUSD #40 is an Equal Employment Opportunity employer.

Name _____

Address _____

City/State/Zip _____

Phone (____) _____

Position applied for _____

Shift Preferred (if applicable): 1st 2nd 3rd Any
Hours Preferred (if applicable) _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

Have you been employed here before? Yes No
If yes, please give approximate dates of prior employment in this School District.

Have you ever been dismissed from a position? Yes No

Can you legally work in the United States? Yes No

Have you ever plead guilty to a criminal offense? Yes No

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

Special training or skills (machine operation, etc.) that would be of special benefit in the job for which you are applying _____

FOR OFFICE USE ONLY

Reporting Date _____

Position _____

Rate of Pay _____

Notes: _____

Attachments:

- Letter of Reference
- Resume
- Applicant Reference Check
- Applicant Interview
- Certification
- Criminal Background Check
- Mandated Reporter Status
- Physical
- Drug Test

Educational Background

Circle highest level completed.

Grammar School | 5 | 6 | 7 | 8

High School | 9 | 10 | 11 | 12

College | 1 | 2 | 3 | 4

Personal References

Other than family members or previous employers.

1. Name _____ Phone (____) _____

Address _____

2. Name _____ Phone (____) _____

Address _____

3. Name _____ Phone (____) _____

Address _____

Previous Employers

Place an **x** by the employer(s) you **do not** want us to contact.
List the most recent employer first.

1. Employer _____ Phone (____) _____ Position _____
Address _____ Employed From _____ To _____
Supervisor _____ Last Wage _____ Reason for Leaving _____

2. Employer _____ Phone (____) _____ Position _____
Address _____ Employed From _____ To _____
Supervisor _____ Last Wage _____ Reason for Leaving _____

3. Employer _____ Phone (____) _____ Position _____
Address _____ Employed From _____ To _____
Supervisor _____ Last Wage _____ Reason for Leaving _____

Additional Information

If you are applying for a **Teacher's Aide** Paraprofessional position, please provide evidence of one of the following: a copy of your License.

1. Has completed at least two years of postsecondary study at an institution of higher education; or
2. Possesses an associate's (or higher) degree; or
3. Meets a rigorous standard of quality and demonstrates, through a formal State or local academic assessment, the knowledge of and ability to assist in the instruction of reading, writing and mathematics or reading readiness, writing readiness, and mathematics readiness.

TO THE APPLICANT: *Read this section carefully before answering any of the questions in this area.* Answer the following questions *only if the box at the left of the question is checked.* The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination such as discrimination based on ancestry, parental or marital status, sexual orientation, or source of income. Those questions checked below are needed by the employer for a legally permissible reason.

- You have been given a written job description that includes the essential job functions of the position for which you have applied. Are you able to perform each of the essential job functions listed for this position with or without accommodation?
Yes No

If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodation(s). _____

Are you a veteran? Yes No

Are you eligible to be bonded? Yes No

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge, the information contained on this application is true. I further understand that false or misleading information given in my application may result in dismissal from employment. I also understand that I am required to undergo a physical examination. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this School District for either employment or the provision of any benefits; and I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the School District will have a similar right. In addition, I understand that no promise, representation, or agreement contrary to the foregoing is binding on the School District unless made in writing and signed by an authorized representative of the School District and myself.

Applicant's Signature _____ Date _____