

EMPLOYMENT APPLICATION CERTIFIED AND RELATED SERVICE PERSONNEL

*Illini West HSD No. 307 is an equal
opportunity employer.*

ILLINI WEST HIGH SCHOOL DISTRICT NO. 307



641 Buchanan Street
Carthage, IL 62321
Phone: (217)357-9607
Fax: (217)357-9609

PERSONAL INFORMATION

Name (Last, First, Middle): _____

Social Security Number: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Message Phone: _____

If hired, can you provide proof of U.S. Citizenship? Yes No

Are you 18 years of age or older? Yes No

Position you are applying for: _____

Referred by: _____ Date you can start: _____

Would you work full time? Yes No Part time? Yes No

EDUCATION RECORD

High School – Name: _____ Graduation Date: _____

City, State & Phone: _____

Business or Technical School – Name: _____

City, State & Phone: _____

Dates Attended: _____ Degree Earned: _____

Undergraduate College/University – Name: _____

Address: _____

Phone: _____ Dates Attended: _____

Degree Earned (Major): _____ Graduation Date: _____

Graduate School – Name: _____

Address: _____

Phone: _____ Dates Attended: _____

Degree Earned: _____ Date Conferred: _____

Exact titles of certification(s) or license(s) held in Illinois: _____

What foreign language(s) are you proficient in? _____

Speak

Read

Write

WORK HISTORY (Give information about your last 3 jobs, most recent first)

Employer: _____ Dates Employed: _____

Street Address: _____

City: _____ State: _____ Zip _____ Phone: _____

Title and Duties: _____

Supervisor/Manager's Name and Title: _____

Reason for leaving: _____ Ending Salary: _____

Employer: _____ Dates Employed: _____

Street Address: _____

City: _____ State: _____ Zip _____ Phone: _____

Title and Duties: _____

Supervisor/Manager's Name and Title: _____

Reason for leaving: _____ Ending Salary: _____

Employer: _____ Dates Employed: _____

Street Address: _____

City: _____ State: _____ Zip _____ Phone: _____

Title and Duties: _____

Supervisor/Manager's Name and Title: _____

Reason for leaving: _____ Ending Salary: _____

PERSONAL REFERENCES (Non-relatives known for 1 year or longer)

Name: _____ **Relationship to you:** _____

Work Phone: _____ **Home Phone:** _____

Street Address: _____

City: _____ **State:** _____ **Zip** _____

Name: _____ **Relationship to you:** _____

Work Phone: _____ **Home Phone:** _____

Street Address: _____

City: _____ **State:** _____ **Zip** _____

PERSONAL DATA

Have you ever been convicted of a felony or misdemeanor involving moral turpitude (other than traffic violations) or been imprisoned during the last seven years? (A conviction will not necessarily bar you from employment.)

Yes No

If yes, explain: _____

Name of friends or relatives currently employed by Illini West HSD No. 307: _____

Do you require any accommodations for the performance of the job for which you are applying?

Yes No

If so, what can be done to accommodate you? _____

PLEASE READ AND SIGN

Your signature certifies that the above information and attachments are correct and accurate to the best of your knowledge. Falsification of information will result in immediate dismissal and being charged with a Class A misdemeanor under Section 22-6.5 of the Illinois School Code. Further, as required Section 10-21.9 of the Illinois School Code, all employment offers from the School District are made subject a criminal background check, which is conducted once an employment offer is made. Please attach your resume or vitae and request that your college(s) or university forward your current transcript and credential file.

Signature

Date