

Non-Certified Employment Application

Auburn CUSD #10

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# ()						
E-mail Address (optional):							
I am (Che	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.							
Position(s) Applying For:							
□ Substitute		□ Full-	□ Full-Time		□ Part-Time		
 □ Administrative Assistant □ Cook □ Maintenance 			☐ Bookkeeper ☐ Paraprofessional (Aide)				
□ Custodian		□ Other	□ Other:				

Have you ever worked for this school district before?					Yes □ No		
If yes, when & when	е						
Date available to Sta	art:						
Are you available to	Work:	☐ Full-time ☐	Part-time		$Days \qquad \Box \ l$	Vights	□Weekends
List any day or hour	rs you are i	unable to work:					
	(Name)				(Relationshi	p)	
List Any Friends or							
Relatives working here:							
D1 . 1. /							_
Please indicate your							
☐ District Employee	□ News	paper □ Emplo	yment A	gency	□ Contacte	ed On Ov	vn □ Other
Name:			Na	me:			
United States Mili	tary Serv	vice:					
Do you have United	Ctotos Mili	itawy Eymanianaa) \square Voc \square	¬ No			
Do you have United	States Will	nary Experience	: LI TES L	Branch:			
Date Entered:		Date		Rank at Time of			
Special Skills or		Discharged:		Duogo	Discharge: nt Military		
Training from Servi	ce:			Status	•		
	l		l			L	
Education & Train	ning:						
Please list educational in		igh school, technica	al schools,	college	e) attended beg	inning wit	th the most recent.
Name & Location of School			Y	Year Graduated		Degree	Earned/Major

Work Experience: List below your previous employers, starting with the most current one. **Company Name:** Address: Position: Earnings – Beginning Dates - From To Ending Supervisor -Name and Title Phone) Reason for Leaving **Company Name:** Address: Position: Earnings - Beginning Ending Dates - From To Supervisor - Name and Title Phone) Reason for Leaving **Company Name:** Address: Position: Earnings - Beginning Ending Dates - From To Supervisor Name and Title Phone) Reason for Leaving **Company Name:** Address: Position: Earnings - Beginning Ending 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? \Box Yes

 \square No

Additional Exper				
Please list any additi	onal experienc	e.		
Professional Refe (principals, supervisors		ude three professional reference (s).	s who supervised y	our previous work
Nam		Address, City, State	Position	Phone Number
		, ,		
•		convicted of an offense other e, and disposition of the convi		fic violation?
Note: A	n applicant for em	ployment is not obligated to disclose	sealed or expunged re	ecords of conviction or arres
a pretr curren	ial intervention tly criminal ch	convicted of, had adjudication program for a misdemeanor arges pending against you? ON SEPARATE SHEET)		
-		confirmed as a child abuser b ON SEPARATE SHEET)	y DCFS or simila	ar state agency?
		suspended without pay, or dis n was in progress for possible		
WHE	RE			an
WHE	J			

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, the school code and insurance carrier for the district. 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 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.

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:	
	1-PP-1-00111 2 2-8-10101 01	