

Auburn Community Unit School District # 10
606 North Street, Auburn, IL 62615
Phone: (217) 438-6164 Fax: (217) 438-6483

APPLICATION FOR EDUCATIONAL SUPPORT EMPLOYMENT

Date: _____ Position(s) Applying for: _____

Name: _____
 Last First Middle

Address: _____
 Street City State Zip

Home Phone: _____ Alternate Phone: _____

Social Security Number: _____

Bus Driver Permit# _____ Permit Expiration Date: _____

Are you willing to work any attendance center? Yes No

Have you been convicted of a crime other than a minor traffic violation? Yes No

If "Yes" please explain: _____

(Note: Answering "Yes" to this question is not necessarily a barrier to employment)

Have you ever been employed by Auburn School District # 10 Yes No

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	DEGREE AWARDED	MAJOR/MINOR
High School		1 2 3 4			
College		1 2 3 4			
College		1 2 3 4			
Trade School		1 2 3 4			

WORK-RELATED REFERENCES:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PERSONAL REFERENCES:

Name: _____ Phone: _____

Name: _____ Phone: _____

PREVIOUS EXPERIENCE

Please list name, address and phone number of previous employers including any military service starting with your most recent employer. Please list all employment – use additional paper if necessary. Please explain any gaps in employment.

START WITH MOST RECENT EMPLOYER	From: MM / DD / YY	To: MM / DD / YY	Immediate Supervisor	Last Salary
Job Title:				
Company:			Phone:	
Address:				
Duties:				
Reason for Leaving:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

START WITH MOST RECENT EMPLOYER	From: MM / DD / YY	To: MM / DD / YY	Immediate Supervisor	Last Salary
Job Title:				
Company:			Phone:	
Address:				
Duties:				
Reason for Leaving:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

START WITH MOST RECENT EMPLOYER	From: MM / DD / YY	To: MM / DD / YY	Immediate Supervisor	Last Salary
Job Title:				
Company:			Phone:	
Address:				
Duties:				
Reason for Leaving:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

The facts set forth above in my application are true and complete. By my signature below, I authorize the Auburn School District # 10 to conduct a thorough background check which will include, but is not limited to, references and investigations to determine if the applicant has been convicted of, plead guilty to, or otherwise acknowledged criminal offenses, criminal drug offenses and/or if there exists any indication of child abuse or neglect by DCFS. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

The Auburn School District # 10 does not discriminate on the basis of age, color, race, gender, national origin, religion or disability. Failure to provide requested employment or employer history which is material to the applicant's qualifications for employment or the provision of statements which the applicant does not believe to be true may be a Class A misdemeanor.

Applicant Signature

Date