

Auburn CUSD #10



Non-Licensed Employment Application

An Equal Opportunity Employer
This Application will be maintained for 12 months only

| | | | | | |
|---|--------------------|--|-----------------|------------------------------------|-------------------|
| Name: | | | | Date: | |
| | <i>(Last Name)</i> | <i>(First Name)</i> | <i>(Middle)</i> | | |
| Address: | | | | | |
| | <i>(Number)</i> | <i>(Street)</i> | <i>(City)</i> | <i>(State)</i> | <i>(Zip Code)</i> |
| Telephone # | () | | | | |
| E-mail Address (optional): | | | | | |
| I am (Check a Box) & will provide necessary documentation to validate that I am | | | | | |
| <input type="checkbox"/> A citizen or national of the United States or | | | | | |
| <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States. | | | | | |
| Position(s) Applying For: | | | | | |
| <input type="checkbox"/> Substitute | | <input type="checkbox"/> Full-Time | | <input type="checkbox"/> Part-Time | |
| <input type="checkbox"/> Administrative Assistant | | <input type="checkbox"/> Bookkeeper | | | |
| <input type="checkbox"/> Cook | | <input type="checkbox"/> Paraprofessional (Aide) | | | |
| <input type="checkbox"/> Maintenance | | | | | |
| <input type="checkbox"/> Custodian | | <input type="checkbox"/> Other: | | | |

| | |
|--|-----------------------------------|
| Have you ever worked for this school district before? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, when & where _____ | |
| Date available to Start: _____ | |
| Are you available to Work: <input type="checkbox"/> <i>Full-time</i> <input type="checkbox"/> <i>Part-time</i> <input type="checkbox"/> <i>Days</i> <input type="checkbox"/> <i>Nights</i> <input type="checkbox"/> <i>Weekends</i> | |
| List any day or hours you are unable to work: | |
| List Any Friends or Relatives working here: | (Name) _____ (Relationship) _____ |
| | |
| | |
| Please indicate your source of referral: | |
| <input type="checkbox"/> District Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Contacted On Own <input type="checkbox"/> Other | |
| Name: _____ Name: _____ | |

United States Military Service:

| | | | | | |
|--|--|-------------------------|---------------------------------|-----------------------------------|--|
| Do you have United States Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Branch: _____ | |
| Date Entered: | | Date Discharged: | | Rank at Time of Discharge: | |
| Special Skills or Training from Service: | | | Present Military Status: | | |

Education & Training:

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

| Name & Location of School | Number of Years Completed (circle one) | Degree Earned/Major |
|---------------------------|---|---------------------|
| | 1 2 3 4 | |
| | 1 2 3 4 | |
| | 1 2 3 4 | |

Work Experience: List below your previous employers, starting with the most current one.

| | | | |
|-----------------------------|----------------------|--------------|-----------------|
| 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 | | | |
| 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? Yes No

Additional Experience:

Please list any additional experience.

Professional References: Include three professional references who supervised your previous work (principals, supervisors, superintendents).

| Name | Address, City, State | Position | Phone Number |
|------|----------------------|----------|--------------|
| | | | |
| | | | |
| | | | |

THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Yes **No** Have you ever been convicted of an offense other than a minor traffic violation?

If **YES**, when, where, and disposition of the conviction:

Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest. You are also not obligated to disclose expunged juvenile records of adjudication or arrest.

Yes **No** Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge, or are there currently criminal charges pending against you?
(IF YES, EXPLAIN ON SEPARATE SHEET)

Yes **No** Have you ever been confirmed as a child abuser by DCFS or similar state agency?
(IF YES, EXPLAIN ON SEPARATE SHEET)

Yes **No** Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? IF YES,
WHERE _____ and
WHEN _____

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:** _____