

Salem Elementary District #111



Employment Application

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

Personal Information					
Last Name		First		Middle	
Address:					
Telephone Number:			E-Mail:		
I will provide necessary documentation to validate that I am (Check a Box): ☐ 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-Time ☐ Part-Time					
Date Available To Start:					
Have you ever worked for this School District? ☐ Yes ☐ No					
If yes, when and in what position: _____					
Are you available to Work: ☐ Days ☐ Nights ☐ Weekends					
List any day or hours you are unable to work:					
List Any Friends or Relatives working here:		(Name & Relationship)			

United States Military Service					
Please provide a copy of your DD-214 (If Applicable).					
Do you have United States Military Experience? ☐ Yes ☐ No				Branch: _____	
Date Entered:		Date Discharged:		Rank at Time of Discharge:	
Special Skills or Training from Service:				Present Military Status:	

Education & Training		
Please list all educational institutions attended beginning with the most recent (including High School, Technical Schools, College).		
Name & Location of School	Number of Years Completed	Degree Earned/Major

Professional References			
Please provide 3 professional references below for individuals who have supervised your previous work (Supervisors, Principals, Superintendents).			
Name	Address, City, State	Position	Phone Number

Work Experience

Please list your previous employers, starting with the most current employer.

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving:		
May we contact this employer? ☐ Yes ☐ No		

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving:		
May we contact this employer? ☐ Yes ☐ No		

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving:		
May we contact this employer? ☐ Yes ☐ No		

Employer Name:	Address:	
Position:	Start Date:	End Date:
Supervisor (Name and Title):		
Reason for Leaving:		
May we contact this employer? ☐ Yes ☐ No		

Are there any other places you have worked in addition to those listed above? ☐ Yes ☐ No

Additional Experience
Please list below any additional experience.

Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? ☐ Yes ☐ No

If yes, please answer the following:

Where: _____

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 School 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 acknowledge a criminal background, sex offender, employment history review (EHR) check, and other checks required by Federal and State government and the school code must be conducted prior to my employment. 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 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.

Applicant's Signature: _____ **Date:** _____

Please complete the following section if applying for a
CERTIFIED POSITION

Major: _____

No. of Hours: _____

Minors: _____

No. of Hours: _____

Are you now under contract to teach?

☐ Yes

☐ No

List any endorsements you hold:

If applying for a high school or junior high position, what subjects are you licensed to teach in Illinois?

At what grade level did you student teach? _____ Where: _____

Which extra class activities (including intramurals or interscholastic athletics) are you willing to direct?

Do you hold a valid Illinois License?

☐ Yes

☐ No

What type(s):

☐ Professional Educator License (PEL)

☐ Educator License with Stipulations (ELS)

☐ Substitute License

Illinois Educator Identifying Number (IEIN): _____

Please complete the following section if applying for a
SUBSTITUTE TEACHING POSITION

What is your preference for substituting?

☐ Elementary

☐ Jr. High

☐ High School

Do you have a valid Illinois License?

☐ Yes

☐ No

What type(s):

☐ Professional Educator License (PEL)

☐ Educator License with Stipulations (ELS)

☐ Substitute License

Illinois Educator Identifying Number (IEIN): _____

Please list the ROE (s) that you are registered with: _____

Please complete the following two pages if applying for a
SCHOOL BUS DRIVER POSITION

All driver applicants who currently possess a Commercial Drivers License (CDL) or whose position for the School District would require a Commercial Drivers License (CDL) need to complete the section below. DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

Past Employers Requiring CDL	
Employer Name:	Contact Person (Name and Phone Number):
Employer Address:	
Start Date (Month and Year):	End Date (Month and Year):
Reason for Leaving:	

Employer Name:	Contact Person (Name and Phone Number):
Employer Address:	
Start Date (Month and Year):	End Date (Month and Year):
Reason for Leaving:	

Employer Name:	Contact Person (Name and Phone Number):
Employer Address:	
Start Date (Month and Year):	End Date (Month and Year):
Reason for Leaving:	

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Accident Record			
Dates	Type of Accident (Head-on, rear-end, overturn)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Traffic Convictions			
Please list all traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, please write none.			
Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- Are you at least 21 years of age or older? ☐ Yes ☐ No
- Have you ever been denied a license, permit or privilege to operate a motor vehicle?
☐ Yes ☐ No
- Has any license, permit or privilege ever been suspended or revoked?
☐ Yes ☐ No

If you answered "YES" to either 2 or 3 above, please provide details below:

Previous States Holding Driver's License				
	STATE	LICENSE NO.	TYPE	EXPIRATION
DRIVER'S LICENSES				

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.