



Posen-Robbins School District 143.5

ADMINISTRATIVE CENTER
14025 Harrison Avenue
Posen, Illinois 60469
708.388.7200

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position Applied For		(Circle One) FULL TIME PART TIME		Date of Application
Last Name		First Name		Middle Name
Street Address		City	State	Zip Code
Telephone Number(s)	Starting Date (Office Use Only)	Starting Salary (Office Use Only)	Social Security Number	

Certification Status: (For teachers only)

Certificate(s) Held: _____ Number(s): _____

Last Registered or Renewed: _____ To be Processed: _____

Have you ever been employed with us before?..... Yes No

If yes, give date..... _____

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?..... _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?..... Yes No

Have you been convicted of a felony within the last seven years?..... Yes No
Conviction will not necessarily disqualify an application from employment.

If Yes, please explain _____

EDUCATION

	High School	Undergraduate Collage University	Graduate Professional
School name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			

Describe Major Course of Study

Describe any specialized training, apprenticeship, skills and extra-curricular activities
State any additional information you feel may be helpful to us in considering your application

What languages do you speak and/or write fluently _____

References

Give name, address and telephone number of three references who are not related to you: previous employers (are preferred if directly related to employment sought)
1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military?..... Yes No

If Yes please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origins, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Please write a brief statement of your Philosophy of Education/Work Experience.
Please attach a personal resume.

"Section 10-21.9 of the Illinois School Code requires applicants for employment with a school district to authorize an investigation to determine if such applicants have been convicted of criminal or drug offenses. Therefore, the undersigned hereby authorizes School District 143.5 and the Illinois Department of Law Enforcement to conduct a criminal background investigation pursuant to the terms of Section 10-21.9 of the School Code.

The undersigned hereby indemnifies, saves and holds harmless School District 143.5, Cook County, Illinois, and any of its officers, agents, and employees from possible claim of liability or damage which might arise from the proceedings of the Illinois Department of Law Enforcement and/or Federal Bureau of Investigation.

Applicant Signature

Date

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY**

<input checked="" type="checkbox"/>	COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED
	Current Job
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female Date:
	Check One of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other
	Check If Any Of The Following Are Applicable: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	Birthdate