

**SANDWICH COMMUNITY UNIT SCHOOLS
DISTRICT #430**

Sandwich, Illinois 60548
Phone 815-786-2187

Application for Employment

Sandwich C.U.S.D. #430 does not discriminate on the basis of race, color, religion, national origin, ancestry, age, sex, marital status, disability/handicap, unfavorable military discharge, or on any other unlawful basis, in the recruitment, selection, employment, or transfer of its employees. Nor does District #430 discriminate in the providing of services, programs and/or activities to its employees. Any applicant who may require assistance and/or accommodation in completing this application should contact Central Office at 815-786-2187.

Date _____

PERSONAL

Name _____ Social Security No. _____
Last First Middle Initial

Present Address _____
No. Street City State Zip
Telephone No. (____) _____

Job(s) Preferred: 1. _____ Rate or pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____
3. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work Part-time 10 months 12 months

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available to work? _____

What experience, skills or qualifications do you feel would especially qualify you for work with this school district?

Typing speed _____ Shorthand speed (if known) _____

Have you ever received compensation for injuries? No Yes (explain) _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offences?
 No Yes If yes, state the date of conviction, the court where conviction occurred and describe the sentence.

PRIOR WORK HISTORY (List in order, last or present employer first)

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME and TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME and TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME and TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME and TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

May we contact the employer listed above? _____

If not, indicate below which one(s) you do not wish us to contact.

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR OR GRADE				
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY SERVICE RECORD

Have you ever served in the armed forces Yes No

Dates of duty: From _____ To _____
Month Day Year Month Day Year

What were your duties in the Service (including special training and duty station)? _____

Are you a United States Citizen? Yes No

Have you registered for the Draft? Yes No

Have you ever been bonded? Yes No

If yes, for what job(s)? _____

PERSONAL REFERENCES (Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____		
2. _____		
3. _____		
4. _____		

PRE-EMPLOYMENT STATEMENT

(PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW) I understand and voluntarily agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from employment with the Sandwich Community Unit School District #430.
2. Any offer of employment I may receive from the Sandwich Community Unit School District #430 is contingent upon my successful completion of the District's total pre-employment screening process, including the District's receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer, pre-employment physical examination that the District may require.
3. As a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening consistent with the applicable policies of the Board of Education and laws of the State of Illinois.
4. In processing my application for employment, the District may verify all of the information provided by me. I further understand that I am subject to a criminal background investigation pursuant to applicable law of the State of Illinois, and that I may be subject to immediate dismissal if the investigation discloses conviction of certain specified criminal drug offenses under §10-21, *et seq.* of the Illinois School Code. I hereby authorize the District to initiate a criminal background investigation by the Illinois State Police.
5. I authorize and request that all of my present and former employers, and those individuals I have listed as personal references, furnish information about my employment record, including a statement for the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

Date

Applicant Signature