

# APPLICATION FOR EMPLOYMENT – CERTIFIED

**EFFINGHAM COMMUNITY UNIT SCHOOL DISTRICT #40**  
**PO Box 130, Effingham, Illinois 62401**

Effingham CUSD #40 is an Equal  
Employment Opportunity employer.

Instructions: Complete all necessary information. This application will be kept on file for **two** years. Be sure to sign and date the application. Please type or print.

**Candidates called for an interview may be asked to submit a portfolio or videotape.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Position applied for \_\_\_\_\_

Would you accept full-time work? Yes  No  Would you accept part-time work? Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed by Unit #40? No  Yes  Date \_\_\_\_\_

Have you ever been dismissed from a position? Yes  No

Have you ever been denied tenure? Yes  No

Have you ever been placed on remediation? Yes  No

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): \_\_\_\_\_

Major: \_\_\_\_\_

No. of Hours: \_\_\_\_\_

Minors: \_\_\_\_\_

No. of Hours: \_\_\_\_\_

List any PEL endorsements you hold:

\_\_\_\_\_  
\_\_\_\_\_

At what grade level did you student teach? \_\_\_\_\_ Where: \_\_\_\_\_

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

\_\_\_\_\_

Special training or skills (language, computer apps, etc.) that would be of special benefit in the job for which you are applying \_\_\_\_\_

Membership in professional or civic organizations (Exclude those which may disclose your race, color, religion, or national origin.) \_\_\_\_\_

## Educational Background

School	Name of School	Location of School	Course of Study	Did You Graduate?	Degree or Diploma
High School				Yes / No	
College				Yes / No	
Graduate School				Yes / No	
Other				Yes / No	

## Employment Experience

Please use extra paper if you have additional employment history.

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact this employer? Yes  No

2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact this employer? Yes  No

3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact this employer? Yes  No

# References

Do not include family members or previous employers.

1. Name \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Yes  No Can you legally work in the United States?

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.*

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?  
 (IF YES, EXPLAIN ON SEPARATE SHEET)

Yes  No Have you ever been the subject of an indicated report 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 \_\_\_\_\_

**Please be sure to sign and date this application. Thank you for your interest in our schools.**

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge, the information contained on this application is true. I further understand that false or misleading information given in my application may result in dismissal from employment. I also understand that I am required to undergo a physical examination. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation, or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_