



Employment

Application

Gallatin County C.U.S.D. #7

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 #					
Social Security #					
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.					
Positions (S) Applying For:					
<input type="checkbox"/> Substitute		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time	
<input type="checkbox"/> Administrator	<input type="checkbox"/> Bookkeeper		<input type="checkbox"/> Coach		
<input type="checkbox"/> Cook	<input type="checkbox"/> Paraprofessional (Aide)		<input type="checkbox"/> Secretary		
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Bus Driver				
<input type="checkbox"/> Custodian	<input type="checkbox"/> Teacher		<input type="checkbox"/> Other:		
Salary Desired:					

Have you ever worked for this school district before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when and where? _____	
Date available to Start: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	
Are you available to Work:	
List any day or hours you are unable to work:	
List Any Friends or Relatives working here:	(Name) _____ (Relationship) _____

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	Year Graduated	Degree Earned/Major

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. <hr/>

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

Name	Address, City, State	Position	Phone Number

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. Once deemed qualified for the job or selected for an interview, 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 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:** _____

For Certified Teaching Applicants:

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

1. Official transcript from all colleges attended
2. Copy of Illinois Professional Educator License(s)
3. Minimum of three letters of recommendation from individuals familiar with your past teaching experience if you are an experienced teacher.

OR

Three letters of professional reference or letters of recommendation from former work supervisors and/or professors if you are a beginning teacher.

IN ADDITION, PLEASE HAVE YOUR CONFIDENTIAL PLACEMENT CREDENTIALS FORWARDED TO OUR OFFICE. Placement credentials, provided through a university student placement/employment department, generally include the following; a resume, up to three student evaluation forms (references), and an optional transcript. The purpose of the credential file is to provide information to prospective employers.

Please complete the following section if applying for a

PROFESSIONAL EDUCATOR LICENSED 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 Professional Educator License? YES NO

What type?: _____

IEIN Number: _____

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

Please complete the following section if applying for a

SCHOOL BUS DRIVER POSITION

All driver applicants who currently possess a Commercial Driver's License (CDL) or whose position for the school district would require a Commercial Driver's 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:

Name:				
Address:				
City:		State:		Zip:
Contact Person:			Phone:	
Dates of Employment:				
From: Mo.		Yr.	To: Mo.	Yr.
Weekly Pay: Start			Last	
Reason for Leaving:				

Name:				
Address:				
City:		State:		Zip:
Contact Person:			Phone:	
Dates of Employment:				
From: Mo.		Yr.	To: Mo.	Yr.
Weekly Pay: Start			Last	
Reason for Leaving:				

Name:				
Address:				
City:		State:		Zip:
Contact Person:			Phone:	
Dates of Employment:				
From: Mo.		Yr.	To: Mo.	Yr.
Weekly Pay: Start			Last	
Reason for Leaving:				

ATTACH SHEET IF MORE SPACE IS NEEDED

SCHOOL BUS DRIVER POSITION

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: and forfeitures for the past 3 years (other than parking violations) if none, write **none**

Location	Date	Charge	Penalty

ATTACH SHEET IF MORE SPACE IS NEEDED

1. Are you at least 21 years of age or older? _____
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
3. Has any license, permit or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER 2 OR 3 IS YES, GIVE DETAILS _____

LIST PREVIOUS STATES HOLDING DRIVERS LICENSE:

DRIVER'S LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION