

# APPLICATION FOR EMPLOYMENT

Franklin and Jefferson Counties Special Education District # 801 is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

## INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

IEIN: \_\_\_\_\_

## APPLICANT QUESTIONS:

Applying for:  Primary  Intermediate  Junior High  Senior High  All levels

Willing to substitute?  Yes  No

## EDUCATION:

### High School or G.E.D:

Name & Address of School: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

### College:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Check the one that applies to you:  Bachelor  Masters  
 Hours Beyond Degree \_\_\_\_\_  Other: \_\_\_\_\_

### Teaching License

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Education: \_\_\_\_\_

### Paraprofessional Certificate (For Teacher's Assistants)

Received Certificate Yes: \_\_\_\_\_ No: \_\_\_\_\_ Received: \_\_\_\_\_

### Other Certifications Received

Type of Certification(s): \_\_\_\_\_

Expiration Date of Certification: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Franklin and Jefferson Counties Special Education District #801 is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize FJSPED to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release FJSPED, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand that FJSPED requires the successful completion of all conditions of employment prior to hiring.

Please note: Pursuant to 105 ILCS 5/22-6.5 any person making an application for a certified position at FJSPED who willfully makes a false statement or the knowing omission of any employment history on his/her application for employment may constitute a Class A misdemeanor.

**I understand this application and accompanying resumes, VITA's, transcripts, etc. will be maintained for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_