



***Employment Application***

**Williamsville CUSD #15**

An Equal Opportunity Employer  
 This Application will be maintained for 12 months only

<b>Name:</b>				<b>Date:</b>	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>		
<b>Address:</b>					
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<b>Telephone #</b>	(      )				
<b>E-mail Address (optional):</b>					
<b>I am (Check a Box) &amp; will provide necessary documentation to validate that I am</b>					
<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.					
<b>Position(s) Applying For:</b>					
<input type="checkbox"/> <b>Substitute</b> <input type="checkbox"/> <b>Full-Time</b> <input type="checkbox"/> <b>Part-Time</b>					
<input type="checkbox"/> <b>Administrative Assistant</b> <input type="checkbox"/> <b>Bookkeeper</b>					
<input type="checkbox"/> <b>Cook</b> <input type="checkbox"/> <b>Paraprofessional (Aide)</b>					
<input type="checkbox"/> <b>Maintenance</b> <input type="checkbox"/> <b>Bus Driver</b>					
<input type="checkbox"/> <b>Custodian</b> <input type="checkbox"/> <b>Teacher</b> <input type="checkbox"/> <b>Other:</b>					



**Work Experience:** List below your previous employers, starting with the most current one.

<b>Company Name:</b>		Address:	
Position:	Earnings – Beginning	Ending	Dates - From To
Supervisor -Name and Title		Phone ( )	
Reason for Leaving			
<b>Company Name:</b>		Address:	
Position:	Earnings - Beginning	Ending	Dates - From To
Supervisor - Name and Title		Phone ( )	
Reason for Leaving			
<b>Company Name:</b>		Address:	
Position:	Earnings - Beginning	Ending	Dates - From To
Supervisor Name and Title		Phone ( )	
Reason for Leaving			
<b>Company Name:</b>		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.

\_\_\_\_\_

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

Name	Address, City, State	Position	Phone Number

THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

**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. You are also not obligated to disclose expunged juvenile records of adjudication 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, or are there currently criminal charges pending against you?  
(IF YES, EXPLAIN ON SEPARATE SHEET)

**Yes**  **No** Have you ever been confirmed as a child abuser 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 \_\_\_\_\_

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. 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 such 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:** \_\_\_\_\_

Please complete the following section if applying for a  
**CERTIFIED 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 License?

YES

NO

What type(s):

Professional Educator License (PEL)

Educator License with Stipulations (ELS)

Substitute License

Illinois Educator Identifying Number (IEIN): \_\_\_\_\_

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 Drivers License (CDL) or whose position for the school district would require a Commercial Drivers 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:**

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>		<b>Phone:</b>
<b>Dates of Employment:</b>		
From: Mo.	Yr	To: Mo. Yr.
<b>Weekly Pay: Start</b>	<b>Last</b>	
<b>Reason For Leaving:</b>		

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>		<b>Phone:</b>
<b>Dates of Employment:</b>		
From: Mo.	Yr	To: Mo. Yr.
<b>Weekly Pay: Start</b>	<b>Last</b>	
<b>Reason For Leaving:</b>		

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>		<b>Phone:</b>
<b>Dates of Employment:</b>		
From: Mo.	Yr	To: Mo. Yr.
<b>Weekly Pay: Start</b>	<b>Last</b>	
<b>Reason For Leaving:</b>		

(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:**

	STATE	LICENSE NO.	TYPE	EXPIRATION
DRIVER'S LICENSES				