

Miller Twp CCSD #210
 3197 E 28th Rd, Marseilles, IL 61341
 (815) 357-8151

Application for Employment
Please fill out all blanks with complete, detailed information.

Date of Application _____

Name in full (*Print*) _____
 Last First Middle (Maiden)

Address _____
 Street City State Zip

Social Security Number _____

Phone _____ Cell Phone _____

Position Desired: _____

Have you ever been charged and convicted of a misdemeanor or felony? Yes _____ No _____

If the answer is Yes. Please explain: _____

Work Experience: (List last job first)

Name/Location of Company (begin with most recent)	Type of Business Dates Reason for Leaving	Dates	Reason for Leaving

Education: (List most recent first)

School	Location	Dates	Diploma / Degree (describe)

References: List two people (with address and phone number) who know about your work

Name	Address	Phone

Note: If employed, you will be required to have a physical examination (applicant's expense) and background check (district's expense)

OPTIONAL INFORMATION Date of Birth _____ Sex _____

This application will be placed on file for a period of one year for consideration when vacancies occur. It must be renewed and kept up-to-date to remain active.

Miller Twp CCSD #210 is an equal opportunity employer and does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, or handicap.

CERTIFICATION OF APPLICATION

I understand that, if I am employed, the Board of Education may assign or reassign me to a specific position as the need arises. I have not been charged or convicted of a misdemeanor or a felony in any state of the United States. I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect or duty, incompetence, or insubordination. My resignation from previous employment was, or will be submitted in writing at least ten (10) days prior to the beginning of employment; or, if within ten (10) days, the previous employer has waived its right to such notice.

I am a citizen of the United States, or have complied with the Immigration Reform and Control Act of 1986. I do not have any contagious or communicable disease that may endanger the health of school children. Further, I will provide, at my own expense, evidence from a physician of physical fitness for duty.

I understand that misrepresentation of any of the above statements may subject me to a fine, loss of opportunity for employment, and loss of position if employed. Permission and authorization is hereby granted for Miller Twp CCSD #210 duly authorized representative to investigate, question, and obtain verbal and /or written records from references given, prior employers, or any other agency who have knowledge of my qualifications and character; further, I waive any and all claims which may arise against Miller Twp CCSD #210 of Education for the release of reference information.

If you cannot sign below, please attach a written explanation.

Signed _____ Date _____

Type or Print Name _____

FOR OFFICE USE ONLY

Contacted for interview: Date _____ By _____

Interviewed by: Name _____ Date _____

Name _____ Date _____