

NON-CERTIFIED

Wabash CUSD #348

218 W. 13th Street
Mt. Carmel, IL 62863
(618) 262-4181

Employment Application

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 #	()				
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.					
Position(s) Applying For:					
<input type="checkbox"/> Substitute <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time					
<input type="checkbox"/> Administrative Assistant		<input type="checkbox"/> Bookkeeper			
<input type="checkbox"/> Cook		<input type="checkbox"/> Paraprofessional (Aide)			
<input type="checkbox"/> Maintenance		<input type="checkbox"/> Bus Driver			
<input type="checkbox"/> Custodian		<input type="checkbox"/> Teacher		<input type="checkbox"/> Other:	

Have you ever worked for this school district before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when & where _____	
Date available to Start:	
Are you available to Work: <input type="checkbox"/> <i>Full-time</i> <input type="checkbox"/> <i>Part-time</i> <input type="checkbox"/> <i>Days</i> <input type="checkbox"/> <i>Nights</i> <input type="checkbox"/> <i>Weekends</i> List any day or hours you are unable to work:	
List Any Friends or Relatives working here:	_____ (Name) _____ (Relationship)
	_____ (Name) _____ (Relationship)
	_____ (Name) _____ (Relationship)
Please indicate your source of referral: <input type="checkbox"/> District Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Contacted On Own <input type="checkbox"/> Other Name: _____ Name: _____	

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.

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.

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:** _____

CANDIDATE: PRINT YOUR NAME IN FIRST BLANK OF EACH REFERENCE FORM.
WABASH COMMUNITY UNIT SCHOOLS DISTRICT #348
PROFESSIONAL REFERENCE FORM FOR CLASSIFIED APPLICANTS

THIS FORM IS CONFIDENTIAL

NOTICE TO APPLICANTS: It is the responsibility of the candidate applying for positions to distribute these forms to the reference of your choice.
NOTICE TO PROVIDERS OF REFERENCES: The applicant noted on this form has authorized W.C.U.S.D. #348 to inquire with all listed references and keep the results confidential.

_____ has applied for a non-certificated position with Wabash Community Unit Dist. #348. We are asking you to evaluate the applicant on the checklist below.

If a *former* employee, employment dates: _____ How long have you known candidate? _____

In what capacity did candidate work for you? _____

Where? _____ What was your title at the time? _____

Basis for your evaluation: Served as supervisor/evaluator. How long? _____

Observed applicant as a colleague. How long? _____

Observed applicant in community/at activities. How long? _____

Comments: _____

NOTE: Please rate this applicant in each of the following categories by comparing this individual with others you have observed or for whom you have had evaluative responsibility. Check only one column per line.

CATEGORY	Upper 10%	Upper 25% but not Upper 10%	Upper 50% but not Upper 25%	Lower 50% but not Lowest 10%	Lowest 10%	No Basis for Judgment
1. KNOWLEDGE AND INTEREST IN WORK ASSIGNMENT: Demonstrates sufficient skill level and knowledge to complete assigned tasks; demonstrates a positive attitude toward his/her job; receptive to new ideas and changes; regular attendance; and willingness to accept extra assignments.						
2. WORK AREA MANAGEMENT: Manages materials and time in a responsible and efficient manner; develops a systematic and efficient schedule for routine work; and maintains work schedule to meet deadlines.						
3. COMMITMENT TO ACCOMPLISHMENT: Demonstrates awareness of professional strengths, needs and limitations; seeks opportunities to become involved in workshops, inservices and career development. Exerts effort to attain goals; desires production results. Organizes ideas, time, materials, and space in a way the accomplishment occurs. Demonstrates an attitude toward professional plans/goals; evidences "self-motivation." is committed to professional growth.						
4. PERSONAL ATTITUDE: Strives to work in harmony with others; carries out supervisor's directions, judgment to keep privileged information confidential; able to take the initiative and make decisions; punctual; accepts and uses criticism constructively.						
5. PUBLIC RELATIONS: Ability to get along well with people (staff, public) by consistently using tact, consideration, courtesy and helpfulness; maintain cordial yet businesslike atmosphere in the workplace by being a courteous listener and able to terminate non-productive/social conversations.						
6. MODELING APPROPRIATE BEHAVIOR: Encourages respect and confidence of supervisors, subordinates, and peers. Maintains professional demeanor, behavior, and attire. Models appropriate employment behaviors.						

Name (PRINT / TYPE) _____

Signature _____

Date _____

Address _____

Office Phone _____

Contact Phone _____

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