## METAMORA TWP. HIGH SCHOOL DISTRICT #122

"An Equal Opportunity Employer"

	Application	for Classified E	mployment	
			Date	:
POSITION DESI	RED:			
Personal Inform				
Name:				
Present Address:				Landa and to
Permanent Addres	ss:			
			•	
Home Phone: (		Work	Phone: ()	-
Cell Phone: (	_)	Email	Address:	
Date Available: _				
Do you have a leg	al right to work in th	e United States?	YES NO	
Have you ever bee expunged, sealed	en convicted of a felo , or impounded?	ony or misdemean	or which has not bee	n ordered
If so, what	, when and where? _			
Have you ever bee	en determined a perp ily Services (DCFS) re	petrator of child a		
If so, expla	ain:			
		The second second second	100000000000000000000000000000000000000	k nakan na ilia
Educational Ba	ackground		0.94.84	er erstamen.
Education	School Name	Dates Attended	Graduated Yes/No	Degree Received
High School				
College/				

College/ University **Employment History:** Please list below your present and previous four employers (most recent first).

Employer #1:			
Address	City	State	7in Codo
Address	City	State	Zip Code
Phone Number: ()			the state of the state of
Job Title:			
Name of Immediate Supervisor:			
Title of Immediate Supervisor:			
Dates of Employment://	to/	/	
Duties:			
Duties:			
Reason for Leaving:		,	o los david
Reason for Leaving:			
Employer #2:			
Address	City	State	Zip Code
Phone Number: ()	et historie espare		
Job Title:			
Name of Immediate Supervisor:			
Title of Immediate Supervisor:			
Dates of Employment://	to/		
Walsheld Walsheld		Krimik kodinsk	
Dution			
Duties:			7 7 15,
		+	90.036
Reason for Leaving:			

ddress	City	State	Zip Code
hone Number: ()			
ob Title:			•
lame of Immediate Supervisor:		10/10/2022	
Title of Immediate Supervisor:			
Dates of Employment://	to/	/	
Outies:			
Reason for Leaving:			
			,
Employer #4:	A Company of the same	The last tention that the	AN SENSE
			94 S 105
	City	State	Zip Code
	City	soul bas and says	Zip Code
Address	City	State	Zip Code
Address Phone Number: ()	City	State	Zip Code
Address  Phone Number: ()  Job Title:	City	State	Zip Code
Address  Phone Number: ()  Job Title:  Name of Immediate Supervisor:	City	State	Zip Code
Address  Phone Number: ()  Job Title:  Name of Immediate Supervisor:  Title of Immediate Supervisor:	City	State	Zip Code
Address  Phone Number: ()  Job Title:  Name of Immediate Supervisor:  Title of Immediate Supervisor:	City	State	Zip Code
Address  Phone Number: ()  Job Title:  Name of Immediate Supervisor:  Title of Immediate Supervisor:/  Dates of Employment://	City	State	Zip Code

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Employer #5:			12 140
Address	City	State	Zip Code
Phone Number: ()			
Job Title:			
Name of Immediate Supervisor:			etal.
Title of Immediate Supervisor:			description for
Dates of Employment://	to/		
Duties:			
Reason for Leaving:			

**References:** Please list below the names of three persons not related to you whom you have known at least one year and have personal knowledge of your fitness as an employee

Name	Address	Phone Number	Relationship	Occupation	Years Acquainted
					parte stener il bord
					SANDON TO

## Certification:

I hereby certify that the information given by me in this application is true, correct and complete; and, I hereby authorize personnel in the district to examine my records and contact any of my former employers or other references for the purposes of collecting information regarding my employment, education, certification and experience. I authorize such schools, former employers or other references, and any current or former officers, agents or employees thereof to disclose information regarding my employment, education, experience and fitness as an employee, and I agree to hold any and all of such schools, former employers, references and persons harmless and free of any liability for releasing any truthful information about me.

I understand that failure to provide employment or employer history requested in this application which is material to my qualifications for employment or the provision of statements which I do not believe to be true may be a Class A misdemeanor. For purposes of this application, I shall be deemed to have made a false statement if I make a statement which I do not believe to be true or if I knowingly omit or fail to include any employment or employer history required to be furnished on this application.

I understand that if I am employed, any false or misleading statement made or implied on this application, any omission here from, or any inconsistency between the information I have provided herein and information obtained from any criminal history records check, Statewide Sex Offender Database check, Statewide Child Murderer and Violent Offender Against Youth Database check, or background investigation may result in immediate dismissal.

Applicant Cianatura	
Applicant Signature	Date

APPLICATION REMAINS ACTIVE FOR ONE CALENDAR YEAR
REAPPLICATION IS NECESSARY AFTER THAT TIME