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# Staunton CUSD #6



## Board of Education Vacancy Application

<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>Congressional Township:</b>					
<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 <input type="checkbox"/> Resident of Illinois & District for at least one year immediately preceding the election <input type="checkbox"/> A Registered Voter <input type="checkbox"/> 18 years of age or older					
<b>Position(s) Applying For:</b>					
<input type="checkbox"/> Board of Education Member					
<b>I hereby attest that I <u>am NOT</u> a child sex offender, as defined by state law?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>I hereby attest that I do not hold an incompatible office?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>List Any Friends or Relatives working here:</b>	(Name)	(Relationship)
<b>Please indicate your source of referral:</b>		
<input type="checkbox"/> District Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Contacted On Own <input type="checkbox"/> Other <input type="checkbox"/> Board Meeting		
Name: _____		Name: _____

**Education & Training:**

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

<b>Name &amp; Location of School</b>	<b>Number of Years Completed (circle one)</b>	<b>Degree Earned/Major</b>
	1 2 3 4	
	1 2 3 4	
	1 2 3 4	

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

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

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**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.

**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?  
(IF YES, EXPLAIN ON SEPARATE SHEET)

**Yes**  **No** Have you ever been the subject of an indicated report 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 appointment process may result in discontinuing of the appointment process. I agree that the district shall not be held liable in any respect if my appointment process 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 sex offender check required by Federal and State government and the school code. I acknowledge that consideration for appointment is contingent on the results of these 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 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:** \_\_\_\_\_