

**NON-CERTIFIED APPLICATION FOR EMPLOYMENT WITH  
SULLIVAN COMMUNITY UNIT DISTRICT #300  
725 N. MAIN STREET  
SULLIVAN, IL 61951  
(217) 728-8341**

*District #300 does not discriminate on the basis of race, color, religion, national origin, ancestry, age, sex, marital status, disability/handicap, unfavorable military discharge, or any other unlawful basis in the recruitment, selection, employment or transfer of its employees. Any applicant who may require assistance and/or accommodation in completing this application should contact Mr. Ted Walk, Superintendent.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Have you ever filed an application with us before?  YES  NO

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  YES  NO

Are you available to work  full time  part time  summer  temporary

What date are you available to begin? \_\_\_\_\_

Are you currently on "lay off" status and subject to recall?  YES  NO

Have you ever been convicted of a felony or **any** sex, narcotics or drug offense in Illinois or any other state?  YES  NO

Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?  YES  NO

## EMPLOYMENT HISTORY

Provide the following information for your past four employers, starting with the most recent.

From	To	Employer	Phone
Job Title		Address	
Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Phone
Job Title		Address	
Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Phone
Job Title		Address	
Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Phone
Job Title		Address	
Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

## SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying:

---

---

---

---

---

---

---

## EDUCATION

	Name and address of school	Course of study	Years completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

---

---

---

---

---

---

For clerical and teacher aide positions:

Please list software applications you use:

Microsoft Word

Excel

Publisher

Other \_\_\_\_\_

## REFERENCES

Name and address	Phone	Years known

*I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.*

*I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and other persons, corporations or organizations for furnishing such information.*

*The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.*

*This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.*

*I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that persons' need for a reasonable accommodation as required by the ADA.*

*I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.*

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_