

Application for Employment with

MERIDIAN COMMUNITY UNIT SCHOOL DIST. #15

728 S. Wall St. • Macon, Illinois 62544
217-764-5269

**APPLICATION
Of**

LAST NAME

FIRST NAME

MIDDLE NAME

Address _____

City

State

Zip

Email _____

Phone (_____) _____ Cell (_____) _____

Position Applied for _____

Date _____



Complete this section only if applying for a

BUS DRIVER

Do you hold a valid Illinois driver's license : Yes _____ No _____

Do you have a valid CDL Class B motor vehicle license: Yes _____ No _____

Do you have air brake certification: Yes _____ No _____

Do you have DOT certifications: Yes _____ No _____

Have you ever been convicted of a moving traffic violation in the last three years.

Yes _____ No _____ If yes please explain:

Have you ever had any type of vehicle accident in the last three years:

Yes _____ No _____ If yes please explain:

The district requires random alcohol and drug testing. Will you comply: Yes _____ No _____

ALL APPLICANTS SHOULD COMPLETE THIS SECTION

Give Two References (Prior Employer or Education Institutions/Faculty)

Name	Address	Business	Telephone
_____	_____	_____	_____
_____	_____	_____	_____

Who should be notified in case of an emergency?

_____ Telephone: _____

Have you ever been convicted or plead guilty to any misdemeanor, felony or other crime (excluding traffic violations)? You are not obligated to disclose sealed or expunged records of a conviction or arrest.

Yes _____ No _____ If yes, please explain _____

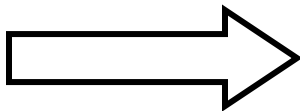
The School Code of Illinois requires school districts to submit an applicant's fingerprints to the State Police for a criminal background check. Will you comply with the fingerprinting requirement? Yes _____ No _____

Do you have any relatives currently employed with the Meridian Schools? Yes _____ No _____

If yes, give name and relation _____

I understand that before being employed, I must pass a physical examination and/or T.B. test approved by the Meridian Schools. I authorize all former employers and other persons to give any information they have regarding me, or my employment with them, and I release them and their companies from any liability for damages resulting there from. I understand that any false or misleading statements made by me on this application may prevent my employment or may be cause for dismissal if hired.

Date _____ Signature _____



**Return to: Unit Office
Meridian C.U.S.D. #15
728 S. Wall Street
Macon, Illinois 62544**