

# Application for Employment

The Illinois Association of School Boards considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status. All applicants are subject to a criminal background check before being offered employment.

**(PLEASE PRINT)**

Position(s) Applied			
Date of Application	Pay Desired Salary _____ Hourly _____		Start Date
Last name	First Name	Middle Name	
Street Address	City	State	Zip
Home Phone		Cell Phone	

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 If Yes, give date \_\_\_\_\_

Are you currently employed?.....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed  
in this country because of Visa or Immigration Status? .....  Yes  No

Proof of citizenship or immigration status will be required upon employment.

From time to time this job may require travel. Will this be a problem? ...  Yes  No

# Education

	High School				Undergraduate College/University				Graduate Professional			
School Name and Location												
Years Completed	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

# References

Name	Title	Company	Phone

# Employment Experience (previous 10 years)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize any person to provide information regarding my past employment, and agree to hold that person and IASB harmless from any damage done by the provision of said information.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

The Illinois Association of School Boards is a smoke-free and drug-free environment.

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Signature of Applicant

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Date

The Illinois Association of School Boards is an equal opportunity employer.