

CARTERVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 5
Administration Office
200 Plaza Drive
Carterville, IL 62918
618-985-4826

Application for Support Staff Employment

PERSONAL INFORMATION:

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

EMAIL: _____

EMPLOYMENT DESIRED:

POSITION(S): _____ START DATE: _____

POSITION(S): _____ START DATE: _____

HOURS YOU ARE AVAILABLE TO WORK: _____

ARE YOU CURRENTLY EMPLOYED? _____

IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

DO ANY RELATIVES, OTHER THAN YOUR SPOUSE, CURRENTLY WORK HERE? YES NO

IF YES, POSITION HELD: _____

IF YOU ARE APPLYING FOR A **BUS DRIVER POSITION**, DID AN EMPLOYEE OF CARTERVILLE UNIT #5 REFER YOU FOR THIS POSITION? YES NO NAME OF EMPLOYEE _____



EDUCATION:

HIGH SCHOOL _____ WHEN DID YOU GRADUATE? _____

COLLEGE _____ WHEN DID YOU GRADUATE? _____

DEGREE AWARDED _____

UNIVERSITY _____ WHEN DID YOU GRADUATE? _____

DEGREE AWARDED _____

TRADE, BUSINESS OR SPECIALIZED SCHOOL _____

WHEN DID YOU GRADUATE? _____ DEGREE AWARDED _____

PLEASE DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATE MILITARY:

EMPLOYMENT HISTORY: LIST BELOW FORMER EMPLOYERS, STARTING WITH THE MOST RECENT

_____ (FROM - TO)	_____ (NAME OF EMPLOYER)	_____ (POSITION HELD)	_____ (WHY LEFT?)
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_____ (FROM - TO)	_____ (NAME OF EMPLOYER)	_____ (POSITION HELD)	_____ (WHY LEFT?)
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_____ (FROM - TO)	_____ (NAME OF EMPLOYER)	_____ (POSITION HELD)	_____ (WHY LEFT?)
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_____ (FROM - TO)	_____ (NAME OF EMPLOYER)	_____ (POSITION HELD)	_____ (WHY LEFT?)
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REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

_____ (NAME)	_____ (ADDRESS)	_____ (PHONE NO.)
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_____ (NAME)	_____ (ADDRESS)	_____ (PHONE NO.)
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_____ (NAME)	_____ (ADDRESS)	_____ (PHONE NO.)
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OTHER QUALIFICATIONS: SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE THAT WOULD HELP YOU PERFORM POSITION FOR WHICH YOU HAVE APPLIED.

STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

IN CASE OF EMERGENCY NOTIFY:

(NAME)

(PHONE NUMBER)

(NAME)

(PHONE NUMBER)

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, WORK COMPENSATION CLAIMS, AND REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I ALSO AUTHORIZE INVESTIGATION TO DETERMINE IF I HAVE BEEN CONVICTED OF ANY OF THE SPECIFIED CRIMINAL OR DRUG OFFENSES AND AGREE THAT A CONVICTION RECORD SHALL TERMINATE MY EMPLOYMENT.

I UNDERSTAND AND AGREE THAT, IF HIRED, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER".

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY

Application	Transcripts	Educator License	W-4's
DCFS Form	Direct Deposit Form	Driver's License	Drug Free Workplace
Fingerprints/Background	I-9 Form	Social Security Card	Electronic Networks



