SMASE
South Macoupin Association for Special Education

# Employment Application

**An Equal Opportunity Employer**
**This Application will be maintained for 12 months only.**

| Personal Information | | | | | |
|---|---|---|---|---|---|
| **Last Name** | | **First** | | **Middle** | |
| **Address:** | | | | | |
| **Telephone Number:** | | **E-Mail:** | | | |

**I will provide necessary documentation to validate that I am (Check a Box):**

☐ A citizen or national of the United States or
☐ Authorized by the Immigration and Naturalization Service to work in the United States.

**Position(s) Applying For:** _____

☐ **Substitute** ☐ **Full-Time** ☐ **Part-Time**

**Date Available To Start:**

**Have you ever worked for this School District?** ☐ **Yes** ☐ **No**

**If yes, when and in what position:** _____

**Are you available to Work:** ☐ Days ☐ Nights ☐ Weekends

**List any day or hours you are unable to work:**

| **List Any Friends or Relatives working here:** | (Name & Relationship) |
|---|---|
| | |

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| United States Military Service | | | | | |
|---|---|---|---|---|---|
| Please provide a copy of your DD-214 (If Applicable). | | | | | |
| **Do you have United States Military Experience? ☐ Yes ☐ No** | | | | **Branch: _____** | |
| **Date Entered:** | | **Date Discharged:** | | **Rank at Time of Discharge:** | |
| **Special Skills or Training from Service:** | | | **Present Military Status:** | | |

| Education & Training | | |
|---|---|---|
| Please list all educational institutions attended beginning with the most recent (including High School, Technical Schools, College). | | |
| **Name & Location of School** | **Number of Years Completed** | **Degree Earned/Major** |
| | | |
| | | |
| | | |

| Professional References | | | |
|---|---|---|---|
| Please provide 3 professional references below for individuals who have supervised your previous work (Supervisors, Principals, Superintendents). | | | |
| **Name** | **Address, City, State** | **Position** | **Phone Number** |
| | | | |
| | | | |
| | | | |

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## Work Experience

Please list your previous employers, starting with the most current employer.

| Employer Name: | Address: | |
|---|---|---|
| Position: | Start Date: | End Date: |
| Supervisor (Name and Title): | | |
| Reason for Leaving:<br><br>May we contact this employer? ☐ Yes ☐ No | | |

| Employer Name: | Address: | |
|---|---|---|
| Position: | Start Date: | End Date: |
| Supervisor (Name and Title): | | |
| Reason for Leaving:<br><br>May we contact this employer? ☐ Yes ☐ No | | |

| Employer Name: | Address: | |
|---|---|---|
| Position: | Start Date: | End Date: |
| Supervisor (Name and Title): | | |
| Reason for Leaving:<br><br>May we contact this employer? ☐ Yes ☐ No | | |

| Employer Name: | Address: | |
|---|---|---|
| Position: | Start Date: | End Date: |
| Supervisor (Name and Title): | | |
| Reason for Leaving:<br><br>May we contact this employer? ☐ Yes ☐ No | | |

**Are there any other places you have worked in addition to those listed above? ☐ Yes ☐ No**

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| Additional Experience |
| --- |
| Please list below any additional experience. |
| |

Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? ☐ Yes ☐ No

If yes, please answer the following:

Where: _____

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 hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the School District shall not be held liable in any respect if my employment 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 acknowledge a criminal background, sex offender, employment history review (EHR) check, and other checks required by Federal and State government and the school code must be conducted prior to my employment. I acknowledge that consideration for employment is contingent on the results of these background 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.

**Applicant's Signature: _____ Date: _____**

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Please complete the following section if applying for a

## CERTIFIED POSITION

Major: _____ No. of Hours: _____

Minors: _____ No. of Hours: _____

Are you now under contract to teach? ☐ Yes ☐ No

List any endorsements you hold:

_____

_____

If applying for a high school or junior high position, what subjects are you licensed to teach in Illinois?

_____

_____

At what grade level did you student teach? _____ Where: _____

Which extra class activities (including intramurals or interscholastic athletics) are you willing to direct?

_____

_____

Do you hold a valid Illinois License? ☐ Yes ☐ No

What type(s): ☐ Professional Educator License (PEL) ☐ Educator License with Stipulations (ELS)

☐ Substitute License

Illinois Educator Identifying Number (IEIN): _____

Please complete the following section if applying for a

## SUBSTITUTE TEACHING POSITION

What is your preference for substituting?

☐ Elementary ☐ Jr. High ☐ High School

Do you have a valid Illinois License? ☐ Yes ☐ No

What type(s): ☐ Professional Educator License (PEL) ☐ Educator License with Stipulations (ELS)

☐ Substitute License

Illinois Educator Identifying Number (IEIN): _____

Please list the ROE (s) that you are registered with: _____

_____

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