

Non-Certified Staff Employment Application

(An Equal Opportunity Employer)

This Application will be maintained for 12 months only

Name: (Last, First, M.I.)		Date:
Address:		
City:	State:	Zip Code:
Home Phone: aaaaaaaaaaaaaa	Work Phone: aaaaaaaaaaaaaa	
May we contact you at work: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position(s) Applying For:		

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.

If I am being considered for employment, 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 authorize criminal background, sex offender, and other checks required by Federal and State government, the school code and insurance carrier for the district. 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 understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with school district's policy. If I refuse to submit to testing, refuse to sign the school district consent form, or test positive, the school district will not employ me.

I hereby attest that all statements made by me are true to the best of my knowledge, and I agree to the terms noted above.

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

Hamilton County Unit No. 10 School District shall provide equal employment opportunities to all persons regardless of their race, color, creed, religion, national origin, sex, sexual orientation, age, ancestry, marital status, arrest record, military status, order of protection status, or unfavorable military discharge, citizenship status provided the individual is authorized to work in the United States, use of lawful products while not at work, being a victim of domestic or sexual violence, genetic information, physical or mental handicap or disability, if otherwise able to perform the essential functions of the job with reasonable accommodation, and other legally protected categories.

Personal Data:

Date Available to Start:	
Name & Telephone # of person to contact in case of Emergency:	Name:
	Telephone: aaaaaaaaaaaaaaaaaa
<p>I am (check a box) & will provide necessary documentation to validate that I am</p> <p><input type="checkbox"/> A citizen or national of the United States or</p> <p><input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.</p>	
<p>Have you ever been convicted of a crime (other than minor traffic violations)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when, where, and disposition of the conviction: _____</p> <p>Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest.</p>	
<p>What type of experience do you have which would be helpful for the job you are applying for?</p> 	
<p>What physical conditions, if any, do you have that would limit your ability to perform the job you are applying for:</p>	
<p>Have you ever worked for this school district before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when & where:</p>	
<p>Available to Work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends</p> <p>List any day or hours you are unable to work: _____</p>	
<p>List Any Friends or Relatives working for the School District:</p>	<p>_____</p> <p>(Name) (Relationship)</p> <hr/> <p>_____</p> <p>(Name) (Relationship)</p>
<p>Please indicate your source of referral or how you found out about our job opening:</p> <p><input type="checkbox"/> District Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Contacted on Own <input type="checkbox"/> Other</p> <p>Name: _____ Name: _____</p>	

United States Military Service:

<p>Do you have United States Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Branch:</p>
<p>Date Entered</p>	<p>Date Discharged:</p>	<p>Rank at Time of Discharge:</p>
<p>Special Skills or Training from Service:</p>		<p>Present Military Status:</p>

Work Experience:

Company Name:		Address:		
Position:	Earnings – Beginning:	Ending:	Dates – From:	To:
Supervisor – Name and Title:			Phone: aaaaaaaaaaaaaa	
Reason for Leaving: "				

Company Name:		Address:		
Position:	Earnings – Beginning:	Ending:	Dates – From:	To:
Supervisor – Name and Title:			Phone: aaaaaaaaaaaaaa	
Reason for Leaving:				

Company Name:		Address:		
Position:	Earnings – Beginning:	Ending:	Dates – From:	To:
Supervisor – Name and Title:			Phone: aaaaaaaaaaaaaa	
Reason for Leaving:				

Company Name:		Address:		
Position:	Earnings – Beginning:	Ending:	Dates – From:	To:
Supervisor – Name and Title:			Phone: aaaaaaaaaaaaaa	
Reason for Leaving:				

Additional Experience:

Please list any additional experience.

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

Education:

Name & Location of School	Year Graduated	Degree Earned or Major Course of Study
(High School)		
(College)		
(College)		

List below the names, addresses and telephone numbers of at least three people to whom you are not related and who have known you for at least one year:

Name	Address	Phone Number
		aaaaaaaaaaaaaaaa
		aaaaaaaaaaaaaaaa
		aaaaaaaaaaaaaaaa
		aaaaaaaaaaaaaaaa
		aaaaaaaaaaaaaaaa