

FOUR RIVERS SPECIAL EDUCATION DISTRICT
936 West Michigan Avenue
Jacksonville, IL 62650
Phone: (217) 245-7174 Fax: (217) 245-5533

EMPLOYMENT APPLICATION
Certified and Related Service Personnel

Personal Data

Name (last, first, middle) Date

Social Security Number

Address

City State Zip

Home Phone () Message Phone ()

If employed, can you provide proof of U.S. citizenship? Yes No N/A

Are you 18 or over? Yes No

Position(s) applying for

Referred by

Education Record

Undergraduate University

Address Dates attended

Degrees or diplomas

Graduate College/University

Address Dates attended

Degrees or diplomas

Other Significant Training Institution

Address Dates attended

Degrees or diplomas

Exact title of certification(s) or licenses(s) held in Illinois

Military Service

Branch of service

Dates of service

Duties/special training

Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer

Dates of employment

Address

City

State

Zip

Phone ()

Beginning Salary

Ending Salary

Title/duties

Manager's name

Why did you leave?

2. Employer

Dates of employment

Address

City

State

Zip

Phone ()

Beginning Salary

Ending Salary

Title/duties

Manager's name

Why did you leave?

3. Employer

Dates of employment

Address

City

State

Zip

Phone ()

Beginning Salary

Ending Salary

Title/duties

Manager's name

Why did you leave?

Personal Data

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. No Yes

Explain.

Do you have any physical or mental disability that may limit your performance in the job you are applying for? If so, what can be done to accommodate your limitation?

Are you able to perform the essential functions of the job you are applying for with or without accommodations? Explain.

References

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone ()

Home Phone ()

Address

City

State

Zip

Relationship
