

# La Moille Community Unit School District #303

801 S. Main St., La Moille, Illinois 61330

Ph: 815-490-7086 Fax: 815-605-1320

District #303 does not discriminate on the basis of Race, Color, Religion, National Origin, Age, Sex, Marital Status, Disability, Unfavorable Military Discharge, or any other unlawful basis in the recruitment, selection, or employment of its employees.

## Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Are you a citizen of the United States? Yes  No

If no, are you authorized to work in the U.S.? Yes  No

Have you ever worked for this company? Yes  No

If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If yes, explain: \_\_\_\_\_

## Education

### ❖ High School:

Name: \_\_\_\_\_

Diploma: Yes  No

Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

### ❖ College/University:

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

### ❖ Other Education/Training:

Name: \_\_\_\_\_

Certification/Degree: \_\_\_\_\_

Address: \_\_\_\_\_

Year Completed: \_\_\_\_\_

## Employment History

*List your last three employers, starting with the most recent.*

1. Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

2. Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

3. Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

## References

*Provide three professional references.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_