

Mazon-Verona-Kinsman Elementary School District

1013 North St.

Mazon, IL 60444

Non-Certified Staff Application

Position Sought: _____

To the Applicant:

We recognize that any application form has some shortcomings in giving us a complete and accurate description of you as a candidate. We believe, however, that the information asked for on this form will help us to determine whether we have a position in which you can make your best contribution and, therefore, one in which you can grow professionally and derive a maximum of satisfaction. We are extremely interested in maintaining the high caliber of personnel that we now have and will therefore appreciate receiving an accurate account of your qualifications for the position for which you are applying. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of disability or handicap, or any other legally protected status.

NAME: _____

Date: _____

PRESENT ADDRESS: _____

Zip Code: _____

Telephone: () _____

Email: _____

Are you a citizen of the US? ___ Yes ___ No

Date Available: _____

Are you available to work: ___ Full-time ___ Part-Time

Expected Salary: _____ (per hour)

Are you on lay-ff and subject to recall: ___ Yes ___ No

EDUCATION

Name of School	City	Course of Study	Did you Graduate?	Year	Degree

REFERENCES

Name	Address	Phone	Occupation

Describe any specialized training, skills, hobbies, interests, and extra-curricular activities which you believe might help you perform the position for which you are applying:

WORK EXPERIENCE (most recent job first)

- | | |
|----------------------------|---------------------------|
| 1. Employer: _____ | Address: _____ |
| Phone: _____ | Supervisor's Name: _____ |
| Position: _____ | Salary: _____ |
| Dates of Employment: _____ | Reason for Leaving: _____ |
| 2. Employer: _____ | Address: _____ |
| Phone: _____ | Supervisor's Name: _____ |
| Position: _____ | Salary: _____ |
| Dates of Employment: _____ | Reason for Leaving: _____ |
| 3. Employer: _____ | Address: _____ |
| Phone: _____ | Supervisor's Name: _____ |
| Position: _____ | Salary: _____ |
| Dates of Employment: _____ | Reason for Leaving: _____ |

I hereby certify that the facts set forth in this application (and any attachments) are true, accurate, and complete. I understand that any misrepresentations or omission of fact made by me on this application shall be sufficient cause for my disqualification for employment or termination of employment. Furthermore, I understand that this application and records become property of M-V-K School District.

I hereby authorize M-V-K School District 2C to conduct work history and reference checks to determine my acceptability for employment. Pursuant to the Illinois Personnel Record Review Act, 820 ILCS 40/07, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding disciplinary actions taken against me within the past four years. Further, I hereby release the officers, agents, employees and directors of each of my past employers and M-V-K District 2C, its officers, agents, and employees, from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all manners of actions that I may now have or may have in the future concerning such disclosures, regardless of their nature.

I further acknowledge that as a condition of employment that I must complete a physical exam and TB test at my own cost and must also complete a fingerprint criminal background check.

Date: _____

Signature: _____