



# Lexington CUSD #7 Home of the Minutemen



## Employment Application

*This Application will be maintained for 12 months only*

<b>Name:</b>		<b>Date:</b>
	<i>(Last Name)</i> <i>(First Name)</i> <i>(Middle)</i>	
<b>Address:</b>		
	<i>(Number)</i> <i>(Street)</i> <i>(City)</i> <i>(State)</i> <i>(Zip Code)</i>	
<b>Telephone # (    )</b>		
<b>Email Address (Optional):</b>		
<b>I am (Check a Box) &amp; will provide necessary documentation to validate that I am</b>		
<input type="checkbox"/> A Citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States		
<b>Position(s) Applying For:</b>		
<input type="checkbox"/> Substitute <input type="checkbox"/> Full-Time <input type="checkbox"/> Part- Time		
<input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Bus Driver <input type="checkbox"/> Cook <input type="checkbox"/> ParaProfessional (Aide) <input type="checkbox"/> Maintenance <input type="checkbox"/> Other		
<b>Have you ever worked for this school district before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date Available to Start:</b>		
<b>Are you available to Work:</b> <input type="checkbox"/> Full- time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		
<b>List any days or hours you are unable to work:</b>		
<b>Educational &amp; Training:</b> Please list educzational institutions (high school, technical schools, college) attended beginning with the most recent.		
<b>Name &amp; Location of School</b>	<b>Year Graduated</b>	<b>Degree Earned/ Major</b>

<b>Work Experience:</b> List below your previous employers, starting with the most current one.		
<b>Company Name:</b>		<b>Address:</b>
<b>Position:</b>	<b>Dates- From/ To</b>	
<b>Supervisor- Name and Title:</b>		<b>Phone: (     )</b>
<b>Reason for Leaving:</b>		
<b>Company Name:</b>		<b>Address:</b>
<b>Position:</b>	<b>Dates- From/ To</b>	
<b>Supervisor- Name and Title:</b>		<b>Phone: (     )</b>
<b>Reason for Leaving:</b>		
<b>Company Name:</b>		<b>Address:</b>
<b>Position:</b>	<b>Dates- From/ To</b>	
<b>Supervisor- Name and Title:</b>		<b>Phone: (     )</b>
<b>Reason for Leaving:</b>		
<b>Company Name:</b>		<b>Address:</b>
<b>Position:</b>	<b>Dates- From/ To</b>	
<b>Supervisor- Name and Title:</b>		<b>Phone: (     )</b>
<b>Reason for Leaving:</b>		
Are there any other places you have worked in addition to those listed above? Yes___ No___		

**Additional Experiences**

Please list any additional experience. \_\_\_\_\_

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THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL

Yes  No Have you ever been convicted of an offence other than a minor traffic violation?

**IF YES, when, where, and disposition of the conviction:** \_\_\_\_\_.

Note: An application for employment is not obligated to disclose sealed or expunged records of conviction or arrest.

Yes  No Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge, or are there currently criminal charges pending against you?

**IF YES, Explain on Separate Sheet:** \_\_\_\_\_.

Yes  No Have you ever been confirmed as a child abuser by DCFS or similar state agency?

**IF YES, Explain on Separate Sheet:** \_\_\_\_\_.

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

**IF YES, Where \_\_\_\_\_ and 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 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 authorize a 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 checks. 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.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Please complete the following section if applying for a  
**School Bus Driver Position**

All driver applicants who currently possess a Commercial Drivers License (CDL) or whose position for the school district would require a Commercial Drivers License (CDL) need to complete the section below. DOT requires that employment for at least 3 years and/ or commercial driving experience for the past 10 years be shown.

<b>Company Name:</b>		Address:
Position:	Dates- From/ To	
Supervisor- Name and Title:		Phone: (     )
Reason for Leaving:		
<b>Company Name:</b>		Address:
Position:	Dates- From/ To	
Supervisor- Name and Title:		Phone: (     )
Reason for Leaving:		
<b>Company Name:</b>		Address:
Position:	Dates- From/ To	
Supervisor- Name and Title:		Phone: (     )
Reason for Leaving:		
<b>Company Name:</b>		Address:
Position:	Dates- From/ To	
Supervisor- Name and Title:		Phone: (     )
Reason for Leaving:		
<b>Company Name:</b>		Address:
Position:	Earnings- Beginning / Ending	
Supervisor- Name and Title:		Phone: (     )
Reason for Leaving:		

### Accident Record

Dates	Type of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

### Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

1. Are you at least 21 years of age or older? \_\_\_\_\_
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_
3. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

If the answer to either 2 or 3 is yes, give details \_\_\_\_\_

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.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_