

MOKENA SCHOOL DISTRICT #159
11244 WILLOWCREST LANE, MOKENA, IL 60448
PHONE: (708) 342-4900 FAX: (708) 479-3143
APPLICATION FOR EMPLOYMENT – SUPPORT PERSONNEL

I wish to apply for the following position:

<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Technology Related	<input type="checkbox"/> Maintenance/Repair
<input type="checkbox"/> Custodial	<input type="checkbox"/> Learning Center Assistant	<input type="checkbox"/> Vehicle Maintenance
<input type="checkbox"/> Food Service	<input type="checkbox"/> Instructional Aide	<input type="checkbox"/> Nurse
<input type="checkbox"/> Secretarial/Clerical	<input type="checkbox"/> Building Aide	
<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Summer Only

Date available to start: _____ Salary desired per hour: _____

PERSONAL INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Social Security #: _____

EDUCATION/TRAINING:

EDUCATION	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	DATE OF GRADUATION
Elementary School			
High School			
College			
Other/Specify (i.e. Trade School, Business College)			

PREVIOUS EMPLOYMENT: Please list below former employers, beginning with the most recent.

DATES EMPLOYED		NAME, ADDRESS & PHONE OF EMPLOYER	SALARY PER HOUR	POSITION	REASON FOR LEAVING
	To				
	To				
	To				

PERSONAL REFERENCES: Please list three (3) persons, other than employers or relatives.

NAME	ADDRESS	PHONE	RELATIONSHIP

BUS DRIVER APPLICANTS ONLY:

Driver's License #: _____ State: _____ Class: _____

Have you ever had your license suspended or revoked for any reason?

YES NO

If yes, explain:

NOTE: Your signature on this application authorizes the School District to investigate your driving record.

ALL APPLICANTS: Please list any work experience, classes, formal training, or workshops you have taken that would be applicable and may qualify you for the specific position for which you are applying:

Have you ever been dismissed by an employer or refused re-employment?

YES NO

If yes, explain:

I hereby authorize Mokena School District 159 to investigate my present and/or past employment, and such other activities as are related to this application, agree to cooperate in such investigation and do hereby release from liability or responsibility all individuals, partnerships, associations or corporations furnishing such information.

HEALTH STATUS: I understand that upon employment I will be required to submit to Mokena School District 159 a current employee physical form that indicates that I am in good health.

CRIMINAL BACKGROUND INVESTIGATION: Illinois law requires school districts to initiate criminal background investigation by the Illinois State Police for any new employee. The Board of Education cannot employ an individual who has been convicted of certain crimes. Your signature authorizes the Board of Education to initiate an investigation.

I, the undersigned, hereby authorize the Board of Education of Mokena School District 159 to initiate an investigation by the Illinois State Police to determine if I have been convicted of any of the enumerated criminal or drug offenses set forth in sub-section (c) of Section 10-21.9 of the Illinois School Code. I further understand and acknowledge that the Board of Education of Mokena School District 159 cannot employ a person who has been convicted of a felony for committing or attempting to commit any of the enumerated criminal or drug offenses set forth in sub-section (c) of Section 10-21.9 of the Illinois School Code.

Dated: _____

Applicant Signature

AN EQUAL OPPORTUNITY EMPLOYER

Please direct all correspondence to: Mrs. Karen Perry, Superintendent of Schools