

APPLICATION FOR EMPLOYMENT

Ogle County Educational Cooperative
District SEJA #801
417 N. Colfax Street - P.O. Box 582
Byron, IL 61010
(815)234-2722

Position Applying For: _____ Full Time Part-Time

Name: _____ Date of Application: _____

Address: _____

City, State Zip: _____ Email address: _____

Telephone: _____ S.S. # _____

Date available for work: _____

Types of Certificates and/or Approvals

Ogle County Educational Cooperative is an equal opportunity employer and does not discriminate in any of its employment practices on the basis of race, color, religion, creed, sex, age, national origin, ancestry, citizenship status, marital status, physical or mental handicap or disability, or unfavorable discharge from military service. This employer hires only individuals authorized to work under the Immigration Reform and Control Act of 1986.

If you need assistance or accommodation in the application or interview process, please contact Mike Papini, Asst. Director, at 234-2722.

Education

	<u>College/University</u>	<u>Location</u>		<u>Degree</u>
1	_____	_____		_____
2	_____	_____		_____
3	_____	_____		_____
4	_____	_____		_____

Degree and Post-Degree Hours (e.g. B.S. + 9): _____

Previous Work Experience: List most recent first. (If no teaching experience, list student teaching or internships.)

Are you currently employed? Yes No May we contact your employer? Yes No

Employer:		Position:	
Address:			
Telephone:	Dates Employed	Reason for Leaving:	
	From: To:		

Employer:		Position:	
Address:			
Telephone:	Dates Employed	Reason for Leaving:	
	From: To:		

Employer:		Position:	
Address:			
Telephone:	Dates Employed	Reason for Leaving:	
	From: To:		

Total Years Teaching Experience: _____

Non-School Work Experience:

	<u>Employer</u>	<u>Type of Work</u>	<u>Dates Employed</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

References (please provide professional references)

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Have you ever been convicted of, or plead guilty to, a felony criminal charge? Yes No

Describe any specialized skills, training, education, experience, etc., which you feel especially qualifies you for this position:

Releases/Authorizations

I hereby authorize Ogle County Educational Cooperative to forward my name to the Illinois Department of State Police for the purpose of conducting a finger-print based criminal history records check as required by The Illinois School Code, Section 10-21.9, and agree to execute any forms by said department for such purpose. I understand that Ogle County Educational Cooperative may further conduct a check for any indicated reports of child abuse under the Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq. Furthermore, I hereby indemnify, save, and hold harmless Ogle County Educational Cooperative, Ogle County, Illinois, and its officers, agents and employees from any claim of liability or damage which may arise from the proceedings of the Illinois State Police or Department of Children and Family Services in conjunction with the above background checks. I understand that an offer of employment, or continued employment if hired, is contingent upon my passing the Illinois State Police and Child Abuse Registry background checks. The Board reserves the right to terminate the employment if the employee has been convicted of any crime which, in the opinion of the board (or administration) makes the employee unsuitable for school employment.

I further understand that any employment or offer of employment is subject to submission of an immigration (I-9) form and completion of a physical examination in compliance with 105 ILCS 5/24-5, and approval of the Governing Board.

Your signature: _____

Date: _____

I hereby release the officers, agents, employees and directors of each of my past employers and Ogle County Educational Cooperative, its officers, agents and employees, from any and all liability arising from the 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 in the future have concerning such disclosures, regardless of their nature.

Your signature: _____

Date: _____

I hereby certify that the facts set forth in this application for employment are true, accurate and complete. I understand that any misrepresentation or omission of fact made by me on this application shall be sufficient cause for my disqualification for employment or termination of employment. I understand that, pursuant to 105 ILCS 5/22-6.5, my failure to provide requested employment or employer history material to my qualifications for employment or provision of statements I do not

