

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer/Affirmative Action Employer

Illinois State Board of Education

Human Resources (S-202)

100 North First Street

Springfield, Illinois 62777-0001

Telephone: 217/782-6434 Fax: 217/524-0396 www.isbe.net

PLEASE ANSWER ALL QUESTIONS COMPLETELY. Type or print answers, using additional pages as needed.

Form must be dated and signed where indicated or application is not valid.

PERSONAL	NAME			SOCIAL SECURITY NUMBER		
	Last	First	Middle			
	ADDRESS			HOME TELEPHONE		
	Street			()		
	City			WORK TELEPHONE		
	State			()		
	Zip Code					
	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for the Illinois State Board of Education?			CELL TELEPHONE		
				()		
	How did you hear about us?					
CITIZENSHIP		If applicable, Visa Type and Number	Dates Valid			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you authorized to work in the United States?						
WORK PREFERENCES						
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to relocate?						
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to travel?						
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license?						
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a car available for your use?						
<input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept temporary employment?						
WORK LOCATION PREFERENCE						
<input type="checkbox"/> Chicago <input type="checkbox"/> Springfield <input type="checkbox"/> Other (Field Based)						
If your answer to any of the following questions is "yes," please attach a signed detailed explanation.						
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever pled guilty to or been convicted of any criminal offense other than a minor traffic violation? <i>(You are not obligated to disclose sealed or expunged records of convictions.)</i>						
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently in default on the repayment of any state educational loan?						
State law provides that any employee who is in default on the repayment of any education loan for a period of six months or more and in the amount of \$600 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.						
POSITION	POSITION(S) APPLIED FOR		POSITION #			
	1.		5.			
	2.		6.			
	3.		7.			
	4.		8.			
EDUCATION	SCHOOL	INDICATE YEARS COMPLETED	NAME OF SCHOOL	CITY, STATE	MAJOR OR FIELD	DIPLOMA OR DEGREE
	High School					
	College or University					
	Graduate					
	Other (Voc., Tech., etc.)					
OTHER	OTHER LICENSES, CERTIFICATES, EXPERIENCES AND COMPUTER KNOWLEDGE				ISBE USE ONLY	
	Indicate additional information regarding any education, related experiences, activities, special abilities and knowledge you may possess.					

Please complete all areas of work history in detail beginning with your current or last employer. All fields MUST be completed for consideration. If additional space is needed, you may attach a separate sheet following the same format.

WORK HISTORY	LAST OR PRESENT EMPLOYER		EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.
	ADDRESS		STARTING SALARY \$	ENDING SALARY \$
	POSITION TITLE	NAME/TITLE OF SUPERVISOR		
	DESCRIPTION OF DUTIES:			
	Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____	
	REASON FOR LEAVING			
	NAME OF EMPLOYER		EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.
	ADDRESS		STARTING SALARY \$	ENDING SALARY \$
	POSITION TITLE	NAME/TITLE OF SUPERVISOR		
	DESCRIPTION OF DUTIES:			
	Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____	
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DESCRIPTION OF DUTIES:				
Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____		
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DESCRIPTION OF DUTIES:				
Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____		
REASON FOR LEAVING				

REFERENCES	Please do not list relatives. College students include faculty references.		
	NAME OF REFERENCE	TITLE/INSTITUTION	TELEPHONE
	1.		
	2.		
	3.		

SIGNATURE	<p><i>I authorize the persons, schools, employers and other organizations named in the application to provide the Illinois State Board of Education any relevant information that may be required to arrive at an employment decision.</i></p> <p><i>I understand and agree that any material misrepresentation or deliberate omission of a fact in my application may be justification for voiding of my application, or if employed, termination from the Illinois State Board of Education.</i></p>		
	<p>Did you: <input type="checkbox"/> SIGN APPLICATION? <input type="checkbox"/> INCLUDE COVER LETTER AND RESUME? <input type="checkbox"/> ATTACH COPIES OF TRANSCRIPTS?</p>		
	<p>_____ Date _____ Signature of Applicant</p>		

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VOLUNTARY RELEASE OF ETHNIC INFORMATION FOR EQUAL EMPLOYMENT OPPORTUNITY

The Illinois State Board of Education is required by federal law to maintain data on gender and ethnicity of all applicants for employment with the agency. This data is necessary to monitor ISBE's compliance with equal employment opportunity and affirmative action programs.

Submission of the information requested is VOLUNTARY and failure to provide the information will not subject you to any adverse treatment.

All information submitted will be kept confidential to the fullest extent provided by law.

PART A. ARE YOU HISPANIC/LATINO? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider your race to be.

PART B. WHAT IS YOUR RACE? **Choose one or more.**

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Gender: ☐ Male ☐ Female

Name _____ Vacancy List # _____

Position #(s) _____ Date _____