

ROCK ISLAND-MILAN SCHOOL DISTRICT NO. 41
HUMAN RESOURCES
2101 Sixth Avenue
Rock Island, IL 61201

APPLICATION FOR EDUCATIONAL SUPPORT PERSONNEL

Date _____

I. Personal Data

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____ Telephone _____
(include area code)

Social Security Number _____

Are you a United States citizen or resident alien authorized for employment in the United States? Yes No

*Have you ever been convicted of a felony or a misdemeanor? Yes No

Explain _____

II. Educational Background

High School _____ Graduated: Yes No
Name City & State

College _____ Graduated: Yes No
Name City & State

Number of College Semester hours completed _____

Do you hold a teaching certificate? _____

Are you eligible to hold a teaching certificate? _____

Have you completed Nurses training? _____

Have you completed technical school training? _____

Have you completed other types of training? _____

III. Employment Position Desired

First Choice: _____ Third Choice: _____

Second Choice: _____ Fourth Choice: _____

Note: Employment Categories

- I. Health Aide [Registered Nurse Certificate Required]
- II. Teacher Aide, Reading Aide, Title I Aide [Thirty (30) semester hours of college credit required]
- III. Special Education Aide, Library Aide [no required college credit]
- IV. Secretary, Building Supervisor, Cafeteria Personnel, Accompanist, Custodian, Maintenance, Hall Monitor [Some areas require specific skills, abilities or previous training]

*A conviction will not necessarily disqualify you from the job for which application is being made.

IV. Employment History

List below positions held or work done in previous employment beginning with present or last position.

NAME OF EMPLOYER	ADDRESS & TELEPHONE NUMBER	TYPE OF WORK/SPECIAL SKILLS OR QUALIFICATIONS

V. References

These should be persons qualified to answer questions concerning your fitness for the position you seek, particularly former employers. Indicate any that are related to you.

NAME	TELEPHONE NUMBER	OCCUPATION

VI. Personal Data

Present Salary_____

When could you begin work here?_____

If selected, you may be required to have a physical examination by your own physician or the district's physician.

I hereby certify that the information herein is true and accurate. It is understood that any false statement or omission of requested information will be sufficient cause for dismissal.

Signature of Applicant_____Date_____

(Unsigned applications will not be considered for employment)

Notice of Non-Discrimination Practices

The Rock Island-Milan School District #41 does not discriminate against employees, students or the general public in its programs or practices on the basis of race, color, religion, sex, disability, age, marital status, citizenship status, military status, unfavorable discharge from the military service, national origin or ancestry. In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, any individual who is in need of assistance or reasonable accommodations to be able to participate in a school district-related activity, including the employment application or interview process, should contact the Assistant Superintendent for Pupil Personnel Services at the District Administrative Offices. Any individual who wishes to file a complaint of unlawful discrimination should contact the Superintendent of Schools at the District Administrative Office, 2101 Sixth Avenue, Rock Island, IL 61201.

EQUAL OPPORTUNITY EMPLOYER