

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. _____ | 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. _____ | 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. _____ | 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. _____ | REASON FOR LEAVING | | |

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

| | | | |
|-----------|--|------------------------|--|
| SIGNATURE | <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> | | |
| | <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> | | |
| | Did you: <input type="checkbox"/> SIGN APPLICATION? <input type="checkbox"/> INCLUDE COVER LETTER AND RESUME? <input type="checkbox"/> ATTACH COPIES OF TRANSCRIPTS? | | |
| | _____ | _____ | |
| | Date | Signature of Applicant | |

ILLINOIS STATE BOARD OF EDUCATION

Human Resources (S-202)
100 North First Street
Springfield, Illinois 62777-0001

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 Phillipine 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 _____