

# 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 Last First Middle			SOCIAL SECURITY NUMBER (Last 4 digits only) _____		
	ADDRESS Street			HOME TELEPHONE ( )		
	City		State	ZIP Code	WORK TELEPHONE ( )	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for the Illinois State Board of Education (not in a consulting position)?		EMAIL ADDRESS		CELL TELEPHONE ( )	
	How did you hear about us?		Were you referred from an ISBE employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Employee Name: _____ Title: _____			
	<b>PLEASE NOTE: ISBE does not participate in E-verify or similar systems and will not sponsor students or potential employees where such sponsorship is necessary for an employee to work lawfully in the United States.</b>					
	Are you authorized to work lawfully in the United States? CITIZENSHIP <input type="checkbox"/> Yes <input type="checkbox"/> No		If applicable, Visa Type and Number		Dates Valid	
	<b>WORK PREFERENCES</b>					
	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to relocate?		<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?	
	<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?						
<b>WORK LOCATION PREFERENCE</b>						
<input type="checkbox"/> Chicago <input type="checkbox"/> Springfield <input type="checkbox"/> Other (Field Based)						
<b>If your answer to the following question is "yes," please attach a signed detailed explanation.</b>						
<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		INVENTORY #	POSITION(S) APPLIED FOR		INVENTORY #
	1.			5.		
	2.			6.		
	3.			7.		
	4.			8.		
EDUCATION	SCHOOL	INDICATE # OF YEARS COMPLETED	NAME OF SCHOOL	CITY, STATE	MAJOR OR FIELD	DIPLOMA OR DEGREE
	High School					
	College or University					
	Graduate					
	Other (Voc., Tech., etc.)					
OTHER	<b>OTHER LICENSES, CERTIFICATES, EXPERIENCES AND COMPUTER KNOWLEDGE</b> Indicate additional information regarding any education, related experiences, activities, special abilities and knowledge you may possess.					<b>ISBE USE ONLY</b>

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				
	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				
	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	
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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	<b>Please do not list relatives. College students include faculty references.</b>		
	<b>NAME OF REFERENCE</b>	<b>TITLE/INSTITUTION</b>	<b>TELEPHONE</b>
	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	

# VOLUNTARY RELEASE OF ETHNIC INFORMATION FOR EQUAL EMPLOYMENT OPPORTUNITY

The following section is optional.

The State of Illinois is an Equal Opportunity Employer. To assist in the accomplishment of Affirmative Action goals, we invite you to complete the following information. Completion of this information is not required. Check **ONE box** and, if applicable, check the appropriate Disability box.

Female	Male	Ethnicity
<input type="checkbox"/> <b>A</b>	<input type="checkbox"/> <b>G</b>	<b>White</b> not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> <b>B</b>	<input type="checkbox"/> <b>H</b>	<b>Black or African American</b> not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> <b>C</b>	<input type="checkbox"/> <b>J</b>	<b>American Indian or Alaska Native.</b> 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.
<input type="checkbox"/> <b>D</b>	<input type="checkbox"/> <b>K</b>	<b>Asian.</b> A person having origins in any of the original peoples of the Far East. Southeast Asia, or the Indian subcontinent, including, but not limited to Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
<input type="checkbox"/> <b>E</b>	<input type="checkbox"/> <b>L</b>	<b>Hispanic or Latino.</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.
<input type="checkbox"/> <b>P</b>	<input type="checkbox"/> <b>Q</b>	<b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the peoples o Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> <b>Z</b>		<b>Prefer Not to Answer</b>

Are you an Individual with a Disability?  Yes  No  Prefer Not to Answer

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Name: \_\_\_\_\_ Vacancy List #: \_\_\_\_\_

Position #(s): \_\_\_\_\_ Date: \_\_\_\_\_