



**Sparta Community Unit School
District No. 140
District Administrative Center
203B Dean Avenue
Sparta, IL 62286
(618) 443-5331**
Employment Application
SUPERVISOR

Sparta Community Unit School District No. 140 is an equal opportunity employer, and does not discriminate in any of its employment practices on the basis of race, color, religion, national origin, ancestry, age, sex, marital status, physical or mental handicap or disability, military status, or unfavorable discharge from military service.

If you require any assistance or accommodation in the application or interview process, please contact the District ADA Coordinator at (618) 443-5331.

I. PERSONAL DATA

Name _____
(Last) (First) (Middle)

Address _____ Telephone-Home () _____

(City) (State) (Zip) Telephone-Work () _____

II. EMPLOYMENT RECORD

LIST PREVIOUS EMPLOYMENT AND EXPERIENCE: Last employer should be listed first.

Dates To-From	Employer and Address	Salary	Duties	Supervisor	Reason for leaving

III. EDUCATIONAL AND PROFESSIONAL PREPARATION

Education	Name and Address	Dates Attended
High School		
College		
Trade, Business, Correspondence School		

IV. REFERENCES (Include persons who have personal knowledge of your ability.)

Name	Address	Vocation/Title	Telephone No.

V. SKILLS AND PREFERENCES

Please indicate your preference:

Minimum number of hours _____

Maximum number of hours _____

List or describe any special interest or experience with children that qualify you for a position.

VI. WAIVERS

I hereby authorize the District to conduct work history and reference checks to determine my acceptability for employment. Pursuant to the *Illinois Personnel Record Review Act, 820 ILCS 40/01 et seq.*, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. Further, I hereby release the officers, agents, employees and directors of each of my past employers and Sparta Community Unit School District No. 140, its officers, agents and employees, from any and all liability arising from 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 not have or may have in the future concerning such disclosures, regardless of their nature.

Signature _____ Date _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain: _____

I hereby authorize Sparta Community Unit School District No. 140 to forward my name to the Illinois Department of State Police for the purpose of conducting a criminal background check as required by *The Illinois School Code, Section 10-21.9*, and agree to execute any forms required by said department for such purpose. I understand that Sparta Community Unit School District No. 140 may further conduct a check for any 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 Sparta Community Unit School District No. 140, Randolph 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.

Signature _____ Date _____

VII. FILE COMPLETION

To be given consideration, it is the applicant's responsibility to have the following information on file in the Sparta Community Unit District No. 140 District Office:

- A. Letter of Application
- B. Completed Application Form
- C. Applicant's Resume (optional)
- D. Criminal History Request

I hereby certify that the facts set forth in this application for employment are true, accurate and complete. I understand that any misrepresentations or omissions of facts made by me on this application shall be sufficient cause for my disqualification for employment or termination of employment. I understand that this application and records become the property of the District. I understand that an offer of employment is contingent upon my submitting the required immigration (I-9) form and the health and medical examination forms required by the District pursuant to *The School Code, Section 24-5*.

Signature _____ Date _____