

The Eisenhower Cooperative
Responding With Dignity To Diversity
 5318 W. 135th Street
 Crestwood, IL 60445
 708-389-7580 Fax 708-389-7584



Angela Zajac
 EXECUTIVE DIRECTOR

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

NAME _____ **Social Security Number** _____
 Last First Middle

ADDRESS _____
 Street City State Zip

PHONE NO. _____ **Referred by** _____

EMPLOYMENT DESIRED

POSITION _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

ARE YOU EMPLOYED NOW? _____ **IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?** _____

EVER APPLIED TO THE EISENHOWER COOPERATIVE BEFORE? _____ **WHEN?** _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

GENERAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
 (Applicants for employment are not obligated to disclose that records of conviction or arrest have been sealed or expunged. Employer may not ask if an applicant for employment has had records of conviction or arrest expunged or sealed.)

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?

DESCRIBE YOUR MEMBERSHIP AND PARTICIPATION IN ORGANIZATIONS OR VOLUNTEER WORK.

WHAT ARE YOUR HOBBIES, TALENTS, OR INTERESTS?

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE: MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	PHONE NO.

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

IN CASE OF EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE

FOR INSTRUCTIONAL ASSISTANTS ONLY:

I understand that before any contract becomes effective or compensation is possible, I must provide proof that a high school degree has been obtained. I also understand that I must provide records from a current physical examination and tuberculin test. I hereby certify that the above-cited statements are true and complete to the best of my knowledge and understand that any misrepresentation of information contained herein is sufficient cause for dismissal.

DATE _____ SIGNATURE _____

APPLICANTS FOR POSITIONS REQUIRING A CERTIFICATE MUST COMPLETE THE FOLLOWING SECTION:

CERTIFICATION STATUS

Certificate(s)

Number(s)

_____	_____
_____	_____
_____	_____

Date(s) of Issue _____ Last registered or Renewed _____
Date County

TEACHING/ADMINISTRATIVE ASSIGNMENT DESIRED

Write a brief statement of your philosophical approach to education. (Minimally address the following areas in this response: your goals for students, collaborative relationships, and the relationship of learning styles to instruction)

Write a brief statement about specific strengths and weaknesses you demonstrate in the areas in which you are certified.

FOR CERTIFIED STAFF ONLY:

I hereby certify that the foregoing statements are true and complete to the best of my knowledge and understand that any misrepresentation of information contained herein is sufficient cause for dismissal. I also understand that before any contract becomes effective or compensation is possible, I must provide The Eisenhower Cooperative with a valid Illinois Certificate, official academic college-university transcripts and credentials and a current physical examination including tuberculin test. I further understand that my employment is subject to, and effective upon, approval of the Eisenhower Cooperative Executive Board. I also authorize The Eisenhower Cooperative to contact any or all of the aforementioned references.

Signature of Applicant

Date