



# BUSD #318 EMPLOYMENT / JOB APPLICATION

## PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

First Middle Last

Do you use an alias? \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

## POSITION / AVAILABILITY

**POSITION APPLIED FOR:** \_\_\_\_\_

**WHAT DATE ARE YOU AVAILABLE TO START WORK?** \_\_\_\_\_

## EMPLOYMENT ELIGIBILITY

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?** ☐ YES ☐ NO

**HAVE YOU EVER WORKED FOR THIS EMPLOYER?** ☐ YES ☐ NO

**\*IF YES, WRITE THE START AND END DATES:** \_\_\_\_\_

**Are you able to pass a criminal background check to work in Illinois Schools (15 ILCS 5/21B-80)**

☐ YES ☐ NO \*See APPENDIX A for reference.

**All applicants are required to complete the Faith's Law Employment History Review (Attachments 1 & 2)**

**If applying as a driver, please complete this section**

1. Have you been under court supervision or convicted of 2 or more traffic violations in the past 12 months?  
☐ Yes ☐ No
2. Have you been under an order of court supervision or convicted of reckless driving, DUI, or reckless homicide in the past 12 months? ☐ Yes ☐ No
3. Are you willing to submit to drug and alcohol testing as prescribed by law? ☐ Yes ☐ No
4. Have you caused a fatal accident as a result of unlawful use of a motor vehicle?  
☐ Yes ☐ No
5. Are you able to pass a Department of Transportation physical (DOT physicals evaluate physical and mental health)? ☐ Yes ☐ No

## EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

**JOB TITLE:** \_\_\_\_\_

**RESPONSIBILITIES:** \_\_\_\_\_

Licenses held for position: Please List \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

JOB TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_

Licenses held for position: Please List \_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

JOB TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_

Licenses held for position: Please List \_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**DISCLAIMER**

I affirm under penalty of perjury that I have not made any false statements or knowingly concealed or withheld facts on this application.

\*By signing this application, I am consenting to an ISP/FBI Background Check.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

## **APPENDIX A**

Have you ever been convicted of an offense or an attempt to commit an offense under the Illinois Cannabis Control Act, the Illinois Controlled Substances Act, the Methamphetamine Control and Community Protection Act, or an offense or attempt to commit an offense defined in Article 9 of the Criminal Code of 1961 or the Criminal Code of 2012; Sections 11-6, 11-9 through 11-9.5, inclusive, and 11-30 (if punished as a Class 4 felony) of the Criminal Code of 1961 or the Criminal Code of 2012; Sections 11-14.1 through 11-21, inclusive of the Criminal Code of 1961 or the Criminal Code of 2012; Sections 11-23 (if punished as a Class 3 felony), 11-24, 11-25, and 11-26 of the Criminal Code of 1961 or the Criminal Code of 2012; Section 10-5.1, subsection (c) of Section 10-9, and Sections 11-6.6, 11-11, 12-3.05, 12-3.3, 12-6.4, 12-7.1, 12-34, 12-34.5, and 12-35 of the Criminal Code of 2012; and Sections 11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-13, 12-14, 12-14.1, 12-15, 12-16, 12-32, 12-33, 12C-45, and 26-4 (if punished pursuant to subdivision (4) or (5) of subsection (d) of Section 26-4) of the Criminal Code of 1961 or the Criminal Code of 2012, or of any offense or attempt to commit an offense in another state that would have been punishable as one or more of the offenses listed above?

## **ATTACHMENT #1**

### **AUTHORIZATION FOR RELEASE OF SEXUAL MISCONDUCT-RELATED INFORMATION AND CURRENT/FORMER EMPLOYER RESPONSE TEMPLATE**

This standardized form is based on a template developed by the Illinois State Board of Education (ISBE) pursuant to 105 ILCS 5/22-94 of the Illinois School Code. This completed form and any information or records received by the hiring entity shall not be considered public records.

#### **Instructions for Applicant:**

Complete one form for each current employer (if any). Additionally, complete one form for each former employer that falls within any of the categories below:

1. A public or nonpublic elementary or secondary school.
2. An employer that, at the time of your employment, contracted with a public or nonpublic elementary or secondary school to provide services, including, but not limited to, employers that provided food services, bus services, or other transportation services. This category applies only if, as part of your employment with the employer, you had engaged in – or there was the possibility that you would engage in – the care, supervision, guidance, control of, or routine interaction with children or students.
3. Any other employer for which you, as part of your employment with the employer, did engage in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with children or students.

Please be advised that if you are licensed by ISBE, the hiring entity is required to verify the employment history you report by checking ISBE's educator licensure database. The responses the hiring entity receives from your current and former employers will be used to evaluate your fitness to be hired or for continued employment. An applicant who provides false information or willfully fails to disclose information shall be subject to denial of employment, or if already hired, shall be subject to discipline, up to and including termination.

**Section 1: Hiring Entity Information** *(to be completed by Hiring Entity)*

Hiring Entity's Name: <b>Bluford Unit School District #318</b>	Contact Person: <b>Adam Cross, Superintendent</b>
Address: <b>901 6th Street</b>	City, State, Zip: <b>Bluford, IL 62814</b>
Telephone Number: <b>(618) 732-8242</b>	Email: <b>across@blufordschools.org</b>
Sent to Current/Former Employer By (insert name): <b>Adam Cross</b> On (insert date):	Received at Hiring Entity: By (insert name): On (insert date):

**Section 2: Applicant Information** *(to be completed by Applicant)*

Name: (First, Middle, Last):	Any former names by which the applicant has been identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, Zip:

**Section 3: Current/Former Employer Information** *(to be completed by Applicant)*

Employer:	Contact Person:
Address:	City, State, Zip
Telephone Number:	Email:
Position Held:	Approximate Dates of Employment:

**Section 4: Authorization for Disclosure of Employment Information and Release of Employer Liability** *(to be completed by Applicant)*

By signing this form, I do hereby authorize my current/former employer identified in Section 3, above, to disclose to the hiring entity identified in Section 1, above, the following information and any records related to that information:

1. The dates of my current/former employment;
2. A statement as to whether I have ever been the subject of an allegation of "sexual misconduct" as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
3. A statement as to whether I have ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by the employer, or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
4. A statement as to whether I have ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated); and
5. Any other pertinent records, documentation, or information related to items 2 through 4 above.

Further, by signing this form, I do hereby release my current/former employer identified in Section 3, above, from any criminal or civil liability that may arise from the disclosure of information and records authorized under this Section 4 to the extent such release is permitted by law.

Applicant Signature	Printed Name	Date
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**Section 5: Information Request** *(to be completed by Applicant's current or former employer)*

This form must be completed and returned to the hiring entity listed in Section 1 within 20 days of receipt.

Position held by Applicant:	Dates of Employment:
Person Completing Form:	Title:
Telephone Number:	Email:

For purpose of the following requests, the term "sexual misconduct" as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity, that:

1. Applicant committed as an employee or agent of a school district, charter school, or nonpublic school during which time Applicant engaged in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with students; and
2. Was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to, any of the following:
  - a. A sexual or romantic invitation;
  - b. Dating or soliciting a date;
  - c. Engaging in sexualized or romantic dialog;
  - d. Making sexually suggestive comments that were directed toward or with a student;
  - e. Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
  - f. A sexual, indecent, romantic, or erotic contact with the student.

1.	To the best of your knowledge, has Applicant ever been the subject of an allegation of Sexual Misconduct? Check no if a subsequent Investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No Or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
2.	To the best of your knowledge, has Applicant ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by you (the employer); or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No Or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
3.	To the best of your knowledge, has Applicant ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No Or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.

\*If your answer to any of the above questions is "yes", you must provide any records and information in your control or possession related to the affirmative response. Please provide the information in the space below and attach any responsive records to this form. Additional pages of information may be attached.

I have read and understand the contents of this form. I certify that, to the best of my knowledge, the responses provided above are accurate, and the records provided in connection with these responses are true and correct.

Current/Former Employer Signature

Printed Name/Title

Date

## ATTACHMENT #2

### ILLINOIS STATE BOARD OF EDUCATION SEXUAL MISCONDUCT DISCLOSURE TEMPLATE FOR APPLICANT

**Instructions to Applicant:** To help protect students and children against the threat of sexual misconduct, Illinois law (105 ILCS 5/22-94) requires that we conduct a sexual misconduct background check on certain applicants for hire. Therefore, you are required to complete this standardized form, which is based on a template developed by the Illinois State Board of Education (ISBE). You will be required to provide the names, contact information, and other relevant information related to your current/former employer(s) on a separate form, also based on a template developed by ISBE. You will complete one such form for each current/former employer for whom you held a position involving direct contact with children or students.

**You must complete this form promptly** and return it to the Regional Office of Education #13. A copy of this form will be retained by ROE #13, but the information provided on this form shall not be deemed a public record.

Name: (First, Middle, Last):	Any Former Names by White Applicant Has Been Identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, Zip:

#### Section 2: Questionnaire

For purposes of the three questions below, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to:

1. A sexual or romantic invitation;
2. Dating or soliciting a date;
3. Engaging in sexualized or romantic dialog;
4. Making sexually suggestive comments that were directed toward or with a student;
5. Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
6. A sexual, indecent, romantic, or erotic contact with the student.

1.	Have you ever been the subject of an allegation of sexual misconduct? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	[ ] Yes [ ] No
2.	Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	[ ] Yes [ ] No
3.	Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	[ ] Yes [ ] No

#### Section 3: Applicant Certification

I have read and understand the contents of this Sexual Misconduct Disclosure Form. I also understand that completion of this form does not preclude the hiring entity from performing other background checks (such as reference checks, criminal history background checks, and the like) in accordance with the hiring entity's policy and/or as required by state statute for a particular position. I understand and agree that any false information I provide on this form or any willful failure to disclose information required on this form shall subject me to discipline, up to and including termination or denial of employment. By signing this form, I certify that the statements made in this form are correct, complete, and true to the best of my knowledge and I swear or affirm that I am not disqualified from employment.

Signature

Printed Name

Date