

EDUCATIONAL ASSOCIATE APPLICATION

Directions: Please mail this completed Educational Associate Application with a letter of interest. The letter of interest should include a paragraph detailing your experiences working with children and a paragraph detailing your motivation to work within the East Dubuque School system.

Mail to:
Principal
East Dubuque Elementary School
100 School Road
East Dubuque, IL 61025

Name _____ Date _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Home Phone Number _____ Cell Phone Number _____

Social Security Number _____
 (Completion of number is optional. Social security number may be required on other form(s) prior to employment.)

I am interested in the following positions: Full time _____ Part time _____

I am interested in the following positions (check all that apply): Paraprofessional _____ Library Associate _____ Lunchroom or Bus Monitor _____

I have satisfactorily completed a paraprofessional training program: No _____ Yes _____; please attach a copy of your transcript/certification

EDUCATION:

School Attended	Name of School	Street Address City, State	Years Attended	Grade or Degree Completed
High School				
Postsecondary				
Postsecondary				

WORK EXPERIENCE:

List work experiences in reverse chronological order preceding the date of this application.

Name of Firm, Institution, etc. Street Address City, State, Zip	Immediate Supervisor Work Phone Number	Period of Service Give Exact Dates Month and Year	Type or Work	Give Reason(s) For Leaving This Position
		From _____ To _____		
		From _____ To _____		
		From _____ To _____		

REFERENCES:

Three references are required. Give names, telephone numbers, and addresses of persons for whom you have worked or are now working. The complete mailing address must be included. References may be requested to complete a telephone and/or written survey.

Name Include Daytime Telephone Number	Complete Mailing Address Including Zip Code	Relation to Your Work
Name _____ Phone _____		
Name _____ Phone _____		
Name _____ Phone _____		

GENERAL INFORMATION:

If you answer "Yes" to any of the questions below, please attach a separate sheet of paper with a detailed explanation.

Have you ever been discharged or requested to resign from a position? Yes _____ No _____

Have you ever had a certificate or license revoked or suspended? Yes _____ No _____

Have you ever been convicted of a violation of law other than a minor traffic offense? Yes _____ No _____

Are any criminal charges or proceedings pending against you? Yes _____ No _____

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? Yes _____ No _____

Are you listed on the Child Abuse Registry? Yes _____ No _____

Estimate your total absence from work or school for the last three years and explain the reason(s). _____

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources.

I waive my right of access or the rights of a designated representative to any such information and, without limitation, hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Illinois or other State Department of Social Services and/or Child Protective Services and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or falsely answered statement made by me on this application or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the East Dubuque School District.

Date _____ Signature of Applicant _____

Equal Opportunity Employer

The East Dubuque School District shall provide equal employment opportunities to all persons regardless of their race, color, creed, religion, national origin, sex, sexual orientation, age, ancestry, marital status, arrest record, military status or unfavorable military discharge, citizenship status provided the individual is authorized to work in the United States, use of lawful products while not at work, being a victim of domestic or sexual violence, physical or mental handicap or disability, if otherwise able to perform the essential functions of the job with reasonable accommodation, and other legally protected categories. For information regarding procedures for discrimination complaints, contact the district compliance officer.