

McHenry Community Consolidated School District 15

**1011 N. Green Street
 McHenry, IL 60050
 Telephone: 815-385-7210
 Fax: 815-344-7121
www.d15.org**

ARE YOU APPLYING FOR:

DATE OF APPLICATION: _____

___ Regular full-time ___ Substitute
 ___ Regular part-time ___ Temporary/Seasonal

PLEASE CIRCLE THE POSITION YOU WISH TO APPLY FOR:

*Office Staff - Custodial – Classroom/Student Assistant – Playground Supervisor
 Food Service - Transportation - Health Service – Bilingual- Class/Student Assistant – Interpreter/Translator*

McHenry Community Consolidated School District 15 is an Equal Opportunity Employer. Qualified applicants will be considered for all positions without regard to race, color, religion, sex (including sexual harassment), genetic information, sexual orientation, national origin, ancestry, age, marital or military status, disability, arrest record, order of protection or citizenry status. Assistance will be provided for individuals needing accommodations for the application process.

Title: Ms. Miss Mrs. Mr.

LAST NAME	FIRST NAME	MIDDLE	MAIDEN NAME

PRESENT ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER

Home	Cell	Email

EDUCATION:			
Circle highest grade completed:	High School 9 10 11 12	College 1 2 3 4	Other
School Attended:	HS	College	

Do you hold State and NCLB Paraprofessional Certification? _____ **Yes (please attach copy)** _____ **No**

Do you have a Food Sanitation License? _____ **Yes (please attach copy)** _____ **No**

PREVIOUS EXPERIENCE: (begin with current employer)		
Job title	From	To
Supervisor's name/phone	Salary	
Company name, address/phone		
Reason for leaving		
Job title	From	To
Supervisor's name/phone	Salary	
Company name, address/phone		
Reason for leaving		
Job title	From	To
Supervisors name/phone	Salary	
Company name, address/phone		
Reason for leaving		

What experience or training do you have that qualifies you for the work you are seeking?

BUSINESS REFERENCES: (include only the individuals familiar with your work ability and performance; do not include relatives).

Name and relationship	Company name
Company address	Phone
Name and relationship	Company name
Company address	Phone
Name and relationship	Company name
Company address	Phone

Currently, are you able to provide proof of your legal right to work in the U.S? _____

Previous employment with District 15? _____ Position, site and date employed? _____

PLEASE READ THE FOLLOWING SECTION IN DETAIL AND PROVIDE DATE AND SIGNATURE.

I authorize investigation and verification of all statements made on this application, resume or other application materials, or during any interviews concerning my previous employment, education, and qualifications. I hereby give the District permission to check any and all references listed on this application, or otherwise provided by me to the District, and acknowledge and understand that the District may contact any and all of these references or otherwise conduct a check of my background in connection with this application. I affirm that the information provided on this application and accompanying resume is true and complete to the best of my knowledge. Any false or misreading representations, incomplete answers or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in my subsequent discharge. I understand that nothing contained in this application or conveyed during any employment interview is intended to create any employment contract.

Signature _____ Date _____