McHenry Community Consolidated School District 15 420 N. Front Street McHenry, IL 60050

Telephone: 779-244-1000 Fax: 815-344-7121

DATE OF APPLICATION:_____

	www.d15.org
ARE YOU APPLYING FOR:	

Regular full-timeSubstituteRegular part-timeTemporar			
	ustodial – Classroom/Stu	ON YOU WISH TO dent Assistant – Playgro gual- Class/Student Assis	und Supervisor
McHenry Community Consolidated School E regard to race, color, religion, sex (including status, disability, arrest record, order of proteapplication process.	sexual harassment), genetic inform	nation, sexual orientation, national	l origin, ancestry, age, marital or military
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 Para	aprofessional Certification	1?Yes (plea	ase attach copy)No
Do you have a Food Sanitation Lie	_		
PREVIOUS EXPERIENCE	(begin with current emplo	yer)	
Job title		From	То
Supervisor's name/phone		Salary	
Company name, address/phone			
Reason for leaving			
Job title		From	То
Supervisor's name/phone		Salary	
Company name, address/phone			
Reason for leaving			
Job title		From	То
Supervisors name/phone		Salary	
Company name,			
address/phone Reason for leaving			
Reason for leaving			

What experience or training do you have that qualifies you for the work you are seeking?		
BUSINESS REFERENCES: (include only the performance; do not include relatives).	ne individuals familiar with your work ability and	
Name and relationship	Company name	
Company address	Phone	
Name and relationship	Company name	
Company address	Phone	
Name and relationship	Company name	
Company address	Phone	
	r legal right to work in the U.S? If you answer "yes", you will not automatically be you are not obligated to disclose sealed or expunsed	
Previous employment with District 15?	Position, site and date employed?	
I authorize investigation and verification of all statement during any interviews concerning my previous employments permission to check any and all references listed on this acknowledge and understand that the District may contact background in connection with this application. I affirm resume is true and complete to the best of my knowledge omissions made on the application or during the hiring process.	DETAIL AND PROVIDE DATE AND SIGNATURE. Its made on this application, resume or other application materials, or tent, education, and qualifications. I hereby give the District application, or otherwise provided by me to the District, and cet any and all of these references or otherwise conduct a check of my that the information provided on this application and accompanying e. Any false or misreading representations, incomplete answers or process may disqualify me from further consideration for employment did that nothing contained in this application or conveyed during any ment contract.	
Signature	Date	