

**Rock Falls Township High School District #301**  
**101 12<sup>th</sup> Avenue**  
**Rock Falls, IL 61071**

CLASSIFIED EMPLOYMENT APPLICATION

**Personal Information**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City State ZIP

Telephone (\_\_\_\_) - \_\_\_\_\_

**IF UNDER 18 PLEASE SUBMIT BIRTHDATE:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Position Desired:**

<input type="checkbox"/> Cashier	<input type="checkbox"/> Lunchroom Supervisor	<input type="checkbox"/> Full Time
<input type="checkbox"/> Cook/Asst. Cook	<input type="checkbox"/> Paraeducator (Aide)	<input type="checkbox"/> Part Time
<input type="checkbox"/> Custodian/Maintenance	<input type="checkbox"/> Secretary	<input type="checkbox"/> Substitute
<input type="checkbox"/> Groundskeeper	<input type="checkbox"/> Other	<input type="checkbox"/> Temporary

Have you ever worked for Rock Falls High School District #301 before?  Yes  No

If yes, when? \_\_\_\_\_ What was your position? \_\_\_\_\_

List your reason for leaving: \_\_\_\_\_

Have you ever been convicted of a felony? \*  Yes  No

If yes, give date and nature of violation: \_\_\_\_\_

\*No applicant for employment will necessarily be rejected because of a conviction of a criminal offense. The date and nature of the offense, the requirements of the position for which applicant is applying, as well as the applicant's qualifications will be considered.

**Education – High School**

Name of Institution	City/State	Graduated?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Education - College(s)\***

Name of Institution	City/State	Dates/From-To	Degree Mo/Yr
_____	_____	_____	_____

Name of Institution	City/State	Dates/From-To	Degree Mo/Yr
_____	_____	_____	_____

\*Copies of transcripts are required for Paraeducator applicants

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**Additional Skills:**

List any additional skills or job experiences that may qualify you for the specific position for which you are applying:

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**Previous Work Experience:** (List prior employment beginning with the most recent)

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position \_\_\_\_\_ Date Started \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Date Ended \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position \_\_\_\_\_ Date Started \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Date Ended \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_  
Position \_\_\_\_\_ Date Started \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Date Ended \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

**Professional/Personal References** (Include two professional references who know of your work professionally and one personal reference who knows of your character.)

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**CAREFULLY READ THE FOLLOWING BEFORE SIGNING:**

Rock Falls High School District #301 is an Equal Opportunity Employer and does not discriminate on the basis of sex, age, race, creed, color or national origin, or disabling conditions.

The applicant certifies the information on this application is accurate and true. The applicant has been informed that if the applicant is employed and if it is later determined that false or inaccurate information is supplied, the applicant is subject to immediate dismissal. The Illinois School Code requires a criminal background investigation for all District # 301 employees. All hiring is subject to the results of that investigation and School Board approval.

I authorize the release and full disclosure of any or all information that you have concerning me, including information of a confidential or privileged nature, to any duly authorized agent of the Rock Fall High School District. I hereby release you, your organization, or others from liability or damage which may result from furnishing the information. A copy of this authorization and release is as valid as the original and should be recognized as such.

I hereby warrant that I have not been convicted if any of the offenses as outlined in Section 10-21.9 of the Illinois School Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_