



MID-AMERICA PREPARATORY SCHOOL

EST. 2008

A Regional Ministry of Christ Tabernacle

10 N. Myers | P.O. Box 300 | Herrick, IL 62431-0300 | Phone: (618) 428-5620

EMPLOYMENT APPLICATION

Name:				Date:	
<i>Last Name First Name Middle Name</i>					
Address:					
<i>Street Address City State Zip Code</i>					
Telephone Number:					
E-mail Address:					
Please check the appropriate box below and provide necessary documentation to validate the box you checked					
<input type="checkbox"/> I am a citizen or national of the United States or					
<input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United State.					
Positions(s) Applying For:					
<input type="checkbox"/> Substitute <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time					
<input type="checkbox"/> Principal <input type="checkbox"/> Paraprofessional (Aide) <input type="checkbox"/> Maint./Custodian					
<input type="checkbox"/> Teacher <input type="checkbox"/> Cook <input type="checkbox"/> Other					
<input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Bookkeeper					
<input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Bus Driver					
Have you ever worked for Mid-America Preparatory School before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please state when and in what capacity: _____					
Date you are available for employment: _____					

Do you have any friends or relatives that attend Christ Tabernacle or work at MAPS?	
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
How did you hear about this position? _____	
Do you have United State Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch: _____	Present Military Status: _____
Date Entered Service: _____	Special Skills or Training: _____
Date Discharged: _____	_____

EDUCATION & TRAINING

Please list all Educational Institutions attended beginning with the most recent. (High School/Tech School/College)

Name & Location of School	Number of Years Completed	Degree Earned/Major

PROFESSIONAL REFERENCES

Name	Address, City, State	Position	Phone Number

WORK EXPERIENCE

Employer Name: _____
Address: _____
Position: _____
Dates : _____
Supervisor - Name & Title: _____
Phone Number: _____
Reason for Leaving: _____

Employer Name: _____
Address: _____
Position: _____
Dates : _____
Supervisor - Name & Title: _____
Phone Number: _____
Reason for Leaving: _____

Employer Name: _____
Address: _____
Position: _____
Dates : _____
Supervisor - Name & Title: _____
Phone Number: _____
Reason for Leaving: _____

Employer Name: _____
Address: _____
Position: _____
Dates : _____
Supervisor - Name & Title: _____
Phone Number: _____
Reason for Leaving: _____

Have you worked any other places that are not listed above? If so please list below. Add additional sheets if needed.

Employer Name: _____
Address: _____
Position: _____
Dates : _____
Supervisor - Name & Title: _____
Phone Number: _____
Reason for Leaving: _____

Employer Name: _____
Address: _____
Position: _____
Dates : _____
Supervisor - Name & Title: _____
Phone Number: _____
Reason for Leaving: _____

Employer Name: _____
Address: _____
Position: _____
Dates : _____
Supervisor - Name & Title: _____
Phone Number: _____
Reason for Leaving: _____

ADDITIONAL EXPERIENCE

Please list any other experience that would relate to the job: _____

Please complete the following questions. Make certain you answer all the questions honestly. Any omission or falsification of any information will be grounds for immediate dismissal.

☐ YES☐ No

Have you ever been convicted of an offense other than a minor traffic violation?
IF YES, then when, where and disposition of the offense:

☐ YES☐ No

Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge?
IF YES, Please Explain:

☐ YES☐ No

Have you ever been the subject of an indicated report by DCFS or similar state agency?
IF YES, Please Explain:

☐ YES☐ No

Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation as in progress for possible disciplinary action
IF YES, WHERE:
and WHEN:

By signing below, I acknowledge that the information provided herein is accurate and complete. I understand that any falsification or omission of material facts in the application or during the hiring process may lead to the discontinuation of the hiring process or termination of employment, irrespective of when such discrepancies are discovered. I agree that Mid-America Preparatory School bears no liability should my employment be terminated due to inaccurate statements, responses, or omissions on my part in this application.

I grant authorization to the school district to verify the accuracy of all statements made in this application, conduct reference checks with my current and former employers, as well as other individuals who may offer insights into my educational background and professional experiences. Furthermore, I authorize the undertaking of criminal background checks, sex offender registry checks, and any other checks mandated by Federal and State regulations and the school's code. I understand that the consideration for employment is contingent upon the findings of these background checks.

Additionally, I provide consent for all contacted persons, including current and former employers, to furnish information pertaining to this application. I release each such individual from any liability associated with providing information to Mid-America Preparatory School.

I hereby affirm that all statements made by me above are truthful to the best of my knowledge, and I willingly accept the terms outlined herein.

Date:

Applicant's Signature:

ATTACHMENT A

Please complete Attachment A to apply for the following position:

SUBSTITUTE TEACHING POSITION

If you were to substitute what is your grade preference?

_____ Elementary _____ Jr. High _____ High School

Do you have a valid Illinois License? ☐ Yes ☐ No

- What type(s): ☐ Professional Educator License (PEL)
- ☐ Educator License with Stipulations (ELS)
- ☐ Substitute License

Illinois Educator Identifying Number (IEIN): _____

Please list the ROE(s) that you are registered with: _____

ATTACHMENT B

Please complete Attachment B to apply for the following position:

CERTIFIED POSITION

Major: _____ No. of Hours: _____

Minors: _____ No. of Hours: _____

Are you now under contract to teach? ☐ Yes ☐ No

List any endorsement you have:

For high school or junior high positionm what subjects are you licensed to teach in Illinois?

While doing student teaching - what level did you teach and where?

Do you have a valid Illinois License? ☐ Yes ☐ No

- What type(s): ☐ Professional Educator License (PEL)
- ☐ Educator License with Stipulations (ELS)
- ☐ Substitute License

Illinois Educator Identifying Number (IEIN): _____