

Aurora East School District #131 Breakfast/Noon-Hour Supervisor Traffic Monitor Application

Last Name		Fire	st Name			Middle Initial
Other name(s) u	ınder which trans	cripts, certificates, a	nd former applicatio	ons may be listed:		
Last Name			st Name			Middle Initial
Address & Pho	<u>ne</u>					
Number & Stree	t:				Apt. Nur	nber:
City:				State:	Zip Code	e:
Daytime Phone:				Home/Cell Phone:		
Experience						
Current or Most Recent Position:				Employer Address & P	hone:	
Dates of Employment:				Reason for Leaving:		
Previous Position Held:				Employer Address & Phone:		
Dates of Employment:				Reason for Leaving:		
Education High School:				Graduation Status:		
Language Skills Do you know an		than English?		Language(s):		
Oral Level: Written Level:	Fluent Fluent	Literate Literate	Polite Polite			



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Professional References

Reference 1	Reference 2	Reference 3
Name:	Name:	Name:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:
Years Known:	Years Known:	Years Known:
Equal Opportunity Employer		
	ility. The District has a policy of active rec	oportunities regardless of race, creed, sex, color, national cruitment of qualified minority teachers and non-certified contact the district office.
<u>Legal Information</u> Please note: Applicants are not obligated to	disclose sealed or expunged records of c	onviction or arrest.
Are you eligible to work in the United States?		
	se other than a minor traffic violation?	
•	•	
Does your name appear on any Sex Offender Da	atabase in any state or country?	
Confirmation		
a condition of employment, to authorize a finge School Code also stipulates that the School	rprint investigation to ascertain if the application District perform a check on the Statewide agree to authorize both investigations and	licant for employment with a school district is required, as ant has been convicted of certain criminal offenses. The Sex Offender Database. Should I be a candidate for will allow myself to be fingerprinted as a part of this
false in any way, it shall be considered suffice application to verify my statement, and I authorize	ient cause for denial of employment or dize past employers, all references and any ot	, and I agree that if the information given is found to be ischarge. I authorize the use of any information in the ther person to answer all questions asked concerning mas from any liability or damages on account of having
Signature		tte
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