

EDUCATION: List education (College and Graduate School). Please begin with most recent degree.

Name of Institution	Location	Dates Attended	Total Years	Year Grad.	Degree

LICENSING AND CERTIFICATION :

Instructional License(s): Area(s) _____ Level: _____
 Expiration Date _____ State: _____

Area(s) _____ Level: _____
 Expiration Date _____ State: _____

Administrative License(s): Title: _____ State: _____
 License Number: _____ Expiration Date: _____

Title: _____ State: _____
 License Number: _____ Expiration Date: _____

Additional Certifications and Training:

EMPLOYMENT:

List places, supervisor(s), and dates of past employment.

Place	Supervisor	Dates	Telephone
Job Title	Job Duties		

Place	Supervisor	Dates	Telephone
Job Title	Job Duties		

EMPLOYMENT *continued* ~

Place	Supervisor	Dates	Telephone
Job Title	Job Duties		

Place	Supervisor	Dates	Telephone
Job Title	Job Duties		

Place	Supervisor	Dates	Telephone
Job Title	Job Duties		

REFERENCES:

List individuals not related to you who can speak with authority of your training and experience.

Name	Address	Tel.	Occupation
1. _____			
2. _____			
3. _____			

List individuals you personally know who are now employed by Neighbors' Educational Opportunities.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

ACKNOWLEDGEMENT OF TERMS OF APPLICATION:

In making this application for employment, I authorize NEO to check employment and personal references, and to seek the release of investigatory information, including a "Limited Criminal History," possessed by any private or public employer or any local, state, or federal agency. I authorize individuals, private or public employers, or local, state, or federal agencies to provide the school district any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information. I understand that this investigative report of my employment history and background may be made whereby information is obtained through personal interviews and/or reference forms with third parties, law enforcement agencies, prior employers, co-workers or others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits and mode of living, whichever may be applicable.

I hereby acknowledge that, at the time of my post-offer pre-employment physical examination or for reasonable suspicion subsequent to employment, blood and/or urine samples may be taken and tested for evidence of consumption by me of illegal drugs, and/or alcohol. I consent to such testing, and hereby release, discharge and waive any and all claims I now or may in the future have against the Valparaiso Community Schools and/or medical personnel related to such tests or the results thereof.

I affirm that I have never been convicted, or charged with and had the charges plea-bargained to a lesser offense, of any of the following offenses involving children as defined by Indiana Code: rape, criminal deviate conduct, child molesting, child exploitation, vicarious sexual gratification, child solicitation, incest, child selling, child seduction, or sexual battery.

I further understand that if an offer of employment is made, I will be required to submit documentation which will verify that I am a citizen or a national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized to be employed in the United States.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school district, its officials, employees, trustees, or agents, or against any provider of information related to this application or this application process.

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. I understand that future employment may be terminated if I have misrepresented information submitted.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Date

Signature

AUTHORIZATION TO RELEASE

I authorize the administration of NEO to check my employment history, including, without limitation, references, and to seek the release of investigatory information, including a criminal background check. I also authorize these private or public employees or local, state, or federal agencies to provide NEO any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

Signature: _____ Date: _____

I expressly waive, in connection with any request for or provision of such information, any claims, causes, or actions, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against NEO, its officials, employees, or trustees.

Signature: _____ Date: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Demographic Information *
(Required for Federal EEOC reporting. Please check one.)

In order to comply with Federal Equal Employment Opportunity recordkeeping and reporting requirements, DuPage County is required to survey its workforce for certain demographic information. Accordingly, we ask that you provide the following information. Self-identification of your race/ethnicity is voluntary. If you choose not to self-identify, you must check the box indicating that you have reviewed the form and elected not to identify your race/ethnicity. Declining to self-identify will not subject you to any adverse treatment, nor will self-identifying result in favorable treatment.

- White (not Hispanic origin)
- Black (Not Hispanic of Latino)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- If you choose not to self-identify your race or ethnicity, please check box

Signature:

Date:

Print Name:

*THE INFORMATION WILL BE USED ONLY IN ACCORDANCE WITH THE PROVISION OF APPLICABLE LAWS, REGULATIONS AND EXECUTIVE ORDERS, INCLUDING THOSE THAT REQUIRE INFORMATION TO BE SUMMARIZED AND REPORTED TP THE GOVERNMENT.