



Illinois Education Association-NEA
100 East Edwards Street
Springfield, IL 62704-1999
(217) 544-0706 • Fax: 217.544.7383

EMPLOYMENT APPLICATION —STAFF—

EQUAL EMPLOYMENT

The Illinois Education Association-NEA does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, pregnancy, age, ancestry, disability, marital status, sexual orientation, veteran status, or other status protected by applicable federal, state or local law.

Please complete all questions using pen or typewriter.

STAFF EMPLOYMENT APPLICATION

PLEASE PRINT LEGIBLY

Name (last) _____ (first) _____ (middle) _____					
Home Address _____ city _____ state _____ zip code _____					
Home Telephone No. area code _____	How long at present address? _____	Previous address (if less than one year) _____	city _____	state _____ zip code _____	
Have you ever worked for or applied for a position with IEA-NEA? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, give details on last page. _____					
Position applied for: _____				Date Available _____	
Will you relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Geographical preference of position _____		How did you come in contact with IEA-NEA? _____		
Have you ever been convicted of, or plead guilty or "no contest" to any crime (other than minor traffic offenses) that has not been expunged from your record? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, state nature of crime, when, where and disposition of offense. _____					
<small>"A conviction record will not be a bar to employment. Factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be considered."</small>					
EDUCATION		Dates of Enrollment		Major Field of Study	Graduation Information
INSTITUTION'S NAME AND ADDRESS		FROM	TO		
High School	_____			_____	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____


College or University	_____			_____	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____

Graduate Study	_____			_____	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____

Other	_____			_____	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____

To what professional and business organizations do you belong? (Exclude all information which relates to age, sex, race, religion, color, national origin, marital status, veteran status, sexual orientation, ancestry, and disability.) _____ _____					
Special skills, languages, hobbies, interests _____ _____					
U.S. MILITARY EXPERIENCE					
Service Branch	Dates of Active Duty	Final Rank	Duties Performed	Selective Service Classification	
_____	_____	_____	_____	_____	

EMPLOYMENT RECORD – The Association may contact the employers listed on this application.

List your most recent position first: 

Employer's name and complete address and telephone number	DATES EMPLOYED		Position title
	From	To	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Name and title of supervisor
	SALARY		
Start	Final	Reason for leaving	

Summarize your most important duties and responsibilities. Cite significant accomplishments.

Employer's name and complete address and telephone number	DATES EMPLOYED		Position title
	From	To	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Name and title of supervisor
	SALARY		
Start	Final	Reason for leaving	

Summarize your most important duties and responsibilities. Cite significant accomplishments.

Employer's name and complete address and telephone number	DATES EMPLOYED		Position title
	From	To	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Name and title of supervisor
	SALARY		
Start	Final	Reason for leaving	

Summarize your most important duties and responsibilities. Cite significant accomplishments.

Employer's name and complete address and telephone number	DATES EMPLOYED		Position title
	From	To	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Name and title of supervisor
	SALARY		
Start	Final	Reason for leaving	

Summarize your most important duties and responsibilities. Cite significant accomplishments.

IF YOU HAVE HAD MORE THAN FOUR EMPLOYERS – LIST THEM UNDER "ADDITIONAL INFORMATION."

—In order to determine proper placement on the salary schedule, all relevant experience must be included with this employment application.—

PERSONAL REFERENCES: List persons familiar with your work. Do not state any reference that would indicate your religious preference.

Name	Address	Telephone Number	Occupation	Years Known

ADDITIONAL TRAINING AND EXPERIENCE INFORMATION

Name _____

The following areas may be considered part of an IEA-NEA professional position. Please describe briefly your training and/or experience in these areas. You may use the backside if more space is necessary.

I. Negotiations and/or Bargaining

A. Training: _____

B. Experience: _____

II. Grievance Processing (individual and/or class grievances)

A. Training: _____

B. Experience: _____

III. Arbitration

A. Training: _____

B. Experience: _____

IV. Leadership Development

A. Training: _____

B. Experience: _____

V. School Finance

A. Training: _____

B. Experience: _____

VI. Organizing Associations or Units

A. Training: _____

B. Experience: _____
