



**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) _____  |   |                              | Social Security No. _____   |                                  |   |
|---|---|------------------------------|---|----------------------------------|---|
| Home Address _____ city _____ state _____ zip code _____  |   |                              |   |                                  |   |
| Home Telephone No. _____<br><small>area code</small>  |   | How long at present address? | Previous address (if less than one year) _____ city _____ state _____ zip code _____  |                                  |   |
| Driver's License Number: _____  |   |                              | Have you ever worked for or applied for a position with IEA-NEA?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If YES, give details on last page. |                                  |   |
| Position applied for: _____   |   |                              |   |                                  | Date Available _____  |
| Will you relocate?  | 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?<br><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?<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>If so, when? |
|   | _____                                     | _____                        | _____   | _____                            |   |
|   | _____                                     | _____                        | _____   | _____                            |   |
| College or University   | _____                                     | _____                        | _____   | _____                            | Did you graduate?<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>If so, when? |
|   | _____                                     | _____                        | _____   | _____                            |   |
|   | _____                                     | _____                        | _____   | _____                            |   |
| Graduate Study  | _____                                     | _____                        | _____   | _____                            | Did you graduate?<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>If so, when? |
|   | _____                                     | _____                        | _____   | _____                            |   |
|   | _____                                     | _____                        | _____   | _____                            |   |
| Other   | _____                                     | _____                        | _____   | _____                            | Did you graduate?<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>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.)<br>_____  |   |                              |   |                                  |   |
| Special skills, languages, hobbies, interests<br>_____  |   |                              |   |                                  |   |
| 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 |                              |

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|   | 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.

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| 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: \_\_\_\_\_  
\_\_\_\_\_



