

**The Eisenhower Cooperative**  
*Responding With Dignity To Diversity*  
 11218 South Ridgeland Avenue  
 Worth, Illinois 60482-1935  
 708-448-0180 Fax 708-448-6443



**Sue Ireland, Ph.D.**  
 EXECUTIVE DIRECTOR

## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

Date \_\_\_\_\_

NAME \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last First Middle

ADDRESS \_\_\_\_\_  
 Street City State Zip

PHONE NO. \_\_\_\_\_ Referred by \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THE EISENHOWER COOPERATIVE BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

**GENERAL**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?

DESCRIBE YOUR MEMBERSHIP AND PARTICIPATION IN ORGANIZATIONS OR VOLUNTEER WORK.

WHAT ARE YOUR HOBBIES, TALENTS, OR INTERESTS?



**APPLICANTS FOR POSITIONS REQUIRING A CERTIFICATE MUST COMPLETE THE FOLLOWING SECTION:**

**CERTIFICATION STATUS**

Certificate(s)	Number(s)
_____	_____
_____	_____
_____	_____

Date(s) of Issue \_\_\_\_\_ Last registered or Renewed \_\_\_\_\_  
Date County

**TEACHING/ADMINISTRATIVE ASSIGNMENT DESIRED**

\_\_\_\_\_

Write a brief statement of your philosophical approach to education. (Minimally address the following areas in this response: your goals for students, collaborative relationships, and the relationship of learning styles to instruction)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Write a brief statement about specific strengths and weaknesses you demonstrate in the areas in which you are certified.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR CERTIFIED STAFF ONLY:**

I hereby certify that the foregoing statements are true and complete to the best of my knowledge and understand that any misrepresentation of information contained herein is sufficient cause for dismissal. I also understand that before any contract becomes effective or compensation is possible, I must provide The Eisenhower Cooperative with a valid Illinois Certificate, official academic college-university transcripts and credentials and a current physical examination including tuberculin test. I further understand that my employment is subject to, and effective upon, approval of the Eisenhower Cooperative Executive Board. I also authorize The Eisenhower Cooperative to contact any or all of the aforementioned references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date