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| 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. |
| Illinois Education Association - NEA | |
| Employment Application | |
| Please complete and return with supporting documents to the IEA Human Resource Department. Illinois Education Association-NEA100 East Edwards Street Springfield, IL 62704-1999 (217) 544-0706 • Fax: (217) 544-7383 | |

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| **Staff Employment Application** | | | | | | | | | | | | | | |
| Name (Last) | | (First) | | | | (Middle) |  | | | | | | | |
|  | |  | | | |  |  | | | | | | | |
| Home Address | | | | | | City | State | | | Zip Code | | | | |
|  | | | | | |  |  | | |  | | | | |
| How long at present address? | | | | | | Home Phone Number Include Area Code | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Cell Phone Number Include Area Code | | | | | | Email Address | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Position applied for | | | | | | Date Available | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Will you relocate? | Yes | | | No | | Geographical preference of position | | | | | | | | |
|  | | |  | |  | | | | | | | | |
| How did you come in contact with the IEA-NEA? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Have you ever worked for or applied for a position with the IEA-NEA?  *(If YES give detail below. If you need more space, please give detail in “Additional Information”* | | | | | | | | Yes | | | | No | | |
|  | | | |  | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | |
| Institution’s Name and Address | | Dates of Enrollment | | | Major Field of Study | | | | Graduation Information | | | | | |
| High School | | From (MM/YR) | To (MM/YR) | |  | | | | Did you graduate? | | | | | |
|  | |  |  | |  | | | | Yes | | No | | | |
|  | |  | | | |
| When (MM/YR) | |  | | | |
| College or University | | From (MM/YR) | To (MM/YR) | |  | | | | Did you graduate? | | | | | |
|  | |  |  | |  | | | | Yes | | | | No | |
|  | | | |  | |
| When (MM/YR) | | | |  | |
| Graduate Study | | From (MM/YR) | To (MM/YR) | |  | | | | Did you graduate? | | | | | |
|  | |  |  | |  | | | | Yes | | | | | No |
|  | | | | |  |
| When (MM/YR) | | | | |  |
| Other | | From (MM/YR) | To (MM/YR) | |  | | | | Did you graduate? | | | | | |
|  | |  |  | |  | | | | Yes | | | | No | |
|  | | | |  | |
| When (MM/YR) | | | |  | |
| To what professional and business organizations do you belong? (Exclude all information which relates to age, sex, race, religion, color, national origin, citizenship, marital status, veteran status, sexual orientation, ancestry, and disability). | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Special skills, languages, hobbies, interests | | | | | | | | | | | | | | |
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| **U.S. Military Experience** | | | | | | | |
| Service Branch | Dates of Active Duty | | Final Rank *(include final rank at discharge but not type of discharge.)* | | | Duties Performed | Selective Service Classification |
|  |  | |  | | |  |  |
| **Employment Record** | | | **The Association may contact the employers listed on this application.** | | | | |
| In order to determine proper placement on the salary schedule, all relevant experience must be included with this employment application. List your most recent position first. | | | | | | | |
| Employer’s Name, Complete Address & Phone | | Dates Employed | | | Position Title | | |
|  | | From (MM/YR) | | To (MM/YR) |  | | |
|  | |  |
| Full Time | | Part Time | Name & Title of Supervisor | | |
|  | |  |  | | |
| Reason for Leaving | | |  | | |
| Summarize your most important duties and responsibilities. Cite significant accomplishments. | | | | | | | |
|  | | | | | | | |
| Employer’s Name, Complete Address & Phone | | Dates Employed | | | Position Title | | |
|  | | From (MM/YR) | | To (MM/YR) |  | | |
|  | |  |
| Full Time | | Part Time | Name & Title of Supervisor | | |
|  | |  |  | | |
| Reason for Leaving | | |  | | |
| Summarize your most important duties and responsibilities. Cite significant accomplishments. | | | | | | | |
|  | | | | | | | |
| Employer’s Name, Complete Address & Phone | | Dates Employed | | | Position Title | | |
|  | | From (MM/YR) | | To (MM/YR) |  | | |
|  | |  |
| Full Time | | Part Time | Name & Title of Supervisor | | |
|  | |  |  | | |
| Reason for Leaving | | |  | | |
| Summarize your most important duties and responsibilities. Cite significant accomplishments. | | | | | | | |
|  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer’s Name, Complete Address & Phone | | Dates Employed | | | | Position Title | |
|  | | From (MM/YR) | | To (MM/YR) | |  | |
|  | |  | |
| Full Time | | Part Time | | Name & Title of Supervisor | |
|  | |  | |  | |
| 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 From Preceding Pages.”* | | | | | | | |
| **References**  List three business or professional references. References should be familiar with, and able to comment on your work. | | | | | | | | |
| Name | Address | | Telephone No. | | Occupation | | Years Known | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
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| **Additional Information From Preceding Pages** | | | | | | | | |
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| *Additional Information Continued* |
| **Applicant’s Authorization** |
| I authorize the Illinois Education Association-NEA to make such investigation as it deems appropriate and authorize any person, educational institution, employer and entity to provide the Association with any information that may be requested by the Association to arrive at an employment decision. I release all parties communicating this information, as well as the Illinois Education Association-NEA from any liability or damage caused by the communication of such information.  I certify that all of the information submitted by me on this application is true and correct. I understand that any false information, omission, or misrepresentation of fact contained in this application (or in the resume I have submitted to the Illinois Education Association-NEA) will be cause for the denial of my application, or, if I am employed, discharge at any time.  I certify that I have read and understood the foregoing paragraphs.  Applicant’s Signature: Date:  ***If submitted electronically, a copy with applicant’s original signature must follow via US mail.*** |

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| ***This section must be completed for all professional and management positions.*** |
| **Training & Experience**  Please describe briefly your training and/or experience in the following areas. |
| Negotiations and/or Bargaining |
|  |
| Grievance Processing (individual and/or class grievances) |
|  |
| Arbitration |
|  |
| Leadership Development |
|  |
| School Finance |
|  |
| Organizing Associations or Units |
|  |
| Community Organizing |
|  |
| Public Relations |
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| Educational Issues |
|  |
| Political Action |
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| **Additional Training & Experience** |
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Revised 09-2014