



**References**

Name	Title	Phone Number

Have you ever had your teaching or professional license revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or terminated from employment? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has a Kinnikinnick District employee referred you to this position? If so, please provide their name. \_\_\_\_ Yes \_\_\_\_ No  
 \_\_\_\_\_

**Equal Employment Opportunity Statement**

It is the policy of Kinnikinnick CCSD #131 to comply with federal and Illinois employment laws. Kinnikinnick CCSD #131 is an equal opportunity employer and does not discriminate on the basis of race; color; creed; religion; national origin; sex; sexual orientation; age; ancestry; marital status; arrest record; military status; order of protection status; unfavorable military discharge; citizenship status provided the individual is authorized to work in the United States; work authorization status; use of lawful products while not at work; being a victim of domestic violence, sexual violence, gender violence, or any other crime of violence; genetic information; physical or mental handicap or disability, if otherwise able to perform the essential functions of the job with reasonable accommodation; pregnancy, birth, childbirth, or related medical conditions; credit history, unless a satisfactory credit history is an established bona fide occupational requirement of a particular position, conviction record, unless authorized by law; or other legally protected categories, in the hiring promotion, firing, pay or privileges of employment. No one will be penalized solely for his or her status as a registered qualifying patient or a registered designated caregiver for purposes of the Compassionate Use of Medical Cannabis Program Act, 410 ILCS 130/.

**Applicant’s Acknowledgement and Agreement**

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. I acknowledge that the failure to provide requested employment or employer history which is material to the applicant’s qualifications for employment or that the provision of statements which the applicant does not believe to be true may be a Class A misdemeanor. I understand that the District will verify the information in this application and that any misrepresentations may lead to the withdrawal of any offer of employment or termination of employment if an employment relationship has begun. I understand that this application and records provided become the property of the District.

**Background Check Authorization and Understanding**

I understand that my application for employment with this school district is subject to a criminal background check by the FBI and the Illinois State Police verifying that I have never been convicted of any criminal offense that would prohibit me from being employed by a school district in accordance with Sections 10-21.9(c) and 21B-80 of the School Code. I hereby authorize the District to forward my name to the Illinois Department of State Police and FBI for the purpose of conducting a fingerprint-based criminal history records check as required by Section 10-21.9 of the *School Code* and agree to execute any forms and submit to fingerprinting as required for such purpose. I understand that the District may further conduct a check for any indicated reports of child abuse pursuant to the *Abused and Neglected Child Reporting Act*, 325 ILCS 5/1 *et seq.* I also understand that this school district will verify that my name does not appear on the Statewide Sex Offender Database and Statewide Murderer of Violent Offender Against Youth Database. If my name appears on either database, and/or if I have been convicted of any criminal offense that would prohibit me from being employed by a school district in accordance with Sections 10-21.9(c) and 21B-80 of the School Code I understand that I will be disqualified from employment with the school district, subject to any notification rights I may have under the law.

I understand that my social security number may be requested to comply with the Illinois Department of State Police and FBI criminal history check and/or the background check performed pursuant to the *Abused and Neglected Child Reporting Act*. Furthermore, I hereby covenant not to sue and release, waive, indemnify, save, and hold harmless Kinnikinnick School District No. 131, Winnebago County, Illinois, and its officers, board members, administrators, agents, employees, and directors from any claim

of liability or damage which may arise from the proceedings of the Illinois Department of State Police, the FBI or Department of Children and Family Services in conjunction with the above background investigations.

**Reference Check Authorization and Understanding**

I hereby authorize the District to conduct work history and reference checks, including information obtained through personal interviews with persons named as employers and references, to determine my acceptability for employment. Pursuant to the *Illinois Personnel Record Review Act*, 820 ILCS 40/7, I hereby waive written notice from my current employer and any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past 4 years. Further, I hereby release and hold harmless the officers, board members, administrators, agents, employees, and directors of each of my past employers and Kinnikinnick School District No. 131, Winnebago County, Illinois, and its officers, board members, administrators, agents, employees, and directors, from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all manner of actions that I may now have or may in the future have concerning such disclosures, regardless of their nature.

**Employment Understanding**

I understand that an offer of employment (or the opportunity to continue my employment if I am hired before these requirements are fully satisfied) is contingent upon submitting the required Form I-9, including evidence of identity and work authorization, the health and medical examination forms, and any other forms required by the District, or by Illinois or federal law. I further understand that if I am offered a position of employment, I will be required to abide by the policies and regulations of Kinnikinnick School District No. 131, as those policies and regulations now exist or as they may be subsequently amended or altered.

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Date

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Signature