

# Rock Island County Regional Office of Education Employment Application

Name \_\_\_\_\_  
First, Middle Initial, Last

Date \_\_\_\_\_

Have you ever been known by any other name?  Yes  No

If yes, please provide all names you've ever been known by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Position for Which You Are Applying \_\_\_\_\_

How did you hear about the position opening?  Website  Newspaper  Agency  Career Fair  College Recruiting  
 Walk-In  Employee Referral (Name) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

Do You Have a Teaching License?  Yes  No If yes, what type(s) of teaching license(s) do you have?

Type of License	License Number	License Expiration Date	Endorsements	Approvals

### ***Education Record (High School, College)***

	Dates Attended	Name and Location of Institution	Degree/Date	Major and Minor
High School				
College/University				
College/University				
College/University				
College/University				

Any degree currently pursuing: \_\_\_\_\_  
 Date degree to be conferred: \_\_\_\_\_  
 Distinctions and Honors: \_\_\_\_\_  
 Activities: \_\_\_\_\_

***Professional Experience/Employment History***

Dates of Employment (Month/Day/Year)	Name and Address of Employer	Your Title	Work Performed	Name and Title of Supervisor	Supervisor Phone Number	Reason for Leaving

Are You Presently Under Contract?  Yes  No

***Special Skills***

What specific abilities or skills do you possess or licenses do you hold that may be relevant to the position to which you are applying?

Will you have a reliable means of transportation?  Yes  No

Do you currently hold a valid driver's license?  Yes  No

***Background***

Have you ever been disciplined, discharged, or asked to resign from a prior position?  Yes  No

Have you ever resigned from a prior position after complaint has been received against you or your conduct was under investigation or review?  Yes  No

Has your contract in a prior position ever been non-renewed?  Yes  No (if applicable)

Have you ever had a professional license or certificate that has been suspended or revoked in any state, or have you voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state?  Yes  No

**References**

Please list the names of three individuals who are not related to you and can be contacted regarding your suitability for the position. If presently employed, at least one individual should include a Superintendent, Principal, or Supervisor who has first-hand knowledge of your professional competence and personal qualifications. If unemployed, one must be your most recent employer.

Name	Title	Address	Phone Number

**Interview Attendance**

Please indicate any times when you may not be available for an interview. We cannot guarantee to accommodate alternative dates.

**A Completed Applicant File Must Include:**

- \* Completed application form
- \* Completed resume
- \* The names of three individuals who will serve as references and can be contacted
- \* Copy of Teaching Licensure (if applicable)

**Please forward your application and supporting materials to:**

Tammy L. Muerhoff  
Regional Superintendent of Schools  
Rock Island County Regional Office of Education  
3430 Avenue of the Cities  
Moline, IL 61265  
Phone 309-736-1111  
Fax 309-736-1127

**Legal Notification**

I understand that employment will not be finalized until a Criminal History Background report which includes fingerprinting is completed. Consideration for employment is conditional on receipt of a report demonstrating that I am in compliance with regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

I understand that providing false or misleading information on this application or in the application or employment screening process shall be fully sufficient grounds to refuse employment.

I understand the information submitted in and with this application maybe disclosed to a screening and/or interviewing committee, which may include administrators, other staff, and community partners. I give my consent to the disclosure.

I acknowledge and certify that the information provided is true and accurate to the best of my knowledge and belief.

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Signature

Date

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**For Office Use Only:**

The completed employment application cannot be evaluated until the following materials have been provided:

- Completed application form
- Completed resume
- The names of three individuals who will serve as references and be contacted
- Copy of Teaching Licensure (if applicable)