

# Hamilton CCSD #328

## Employment Application

An Equal Opportunity Employer

This Application will be maintained for 12 months only

<b>Name:</b>				<b>Date:</b>	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>		
<b>Address:</b>					
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<b>Telephone #</b>	( )				
<b>E-mail Address (optional):</b>					
<b>I am (Check a Box) &amp; will provide necessary documentation to validate that I am</b>					
<input type="checkbox"/> A citizen or national of the United States or					
<input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.					
<b>Position(s) Applying For:</b>					
<input type="checkbox"/> Substitute <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time					
<input type="checkbox"/> Administrative Assistant		<input type="checkbox"/> Bookkeeper			
<input type="checkbox"/> Library Assistant		<input type="checkbox"/> Paraprofessional			
<input type="checkbox"/> Maintenance		<input type="checkbox"/> Bus Driver			
<input type="checkbox"/> Custodian		<input type="checkbox"/> Teacher		<input type="checkbox"/> Other:	



**Work Experience:** List below your previous employers, starting with the most current one.

<b>Company Name:</b>		Address:			
Position:	Earnings - Beginning	Ending	Dates - From	To	
Supervisor - Name and Title			Phone (      )		
Reason for Leaving					
<b>Company Name:</b>		Address:			
Position:	Earnings - Beginning	Ending	Dates - From	To	
Supervisor - Name and Title			Phone (      )		
Reason for Leaving					
<b>Company Name:</b>		Address:			
Position:	Earnings - Beginning	Ending	Dates - From	To	
Supervisor Name and Title			Phone (      )		
Reason for Leaving					
<b>Company Name:</b>		Address:			
Position:	Earnings - Beginning	Ending	Dates - From	To	
Supervisor Name and Title			Phone (      )		
Reason for Leaving					

Are there any other places you have worked in addition to those listed above?     Yes     No

**Additional Experience**

Please list any additional experience.

---

**PROFESSIONAL REFERENCES:** Include three professional references who supervised your previous work (principals, supervisors, superintendents).

Name	Address, City, State	Position	Phone Number

THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Yes  No Have you ever been convicted of an offense other than a minor traffic violation?

If YES, when, where, and disposition of the conviction: \_\_\_\_\_

Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest.

Yes  No Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge, or are there currently criminal charges pending against you? (IF YES, EXPLAIN ON SEPARATE SHEET)

Yes  No Have you ever been confirmed as a child abuser by DCFS or similar state agency? (IF YES, EXPLAIN ON SEPARATE SHEET)

Yes  No Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? IF YES, WHERE \_\_\_\_\_ and WHEN \_\_\_\_\_

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the district shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the school district to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. I also authorize a criminal background, sex offender, and other checks required by Federal and State government, the school code and insurance carrier for the district. I acknowledge that consideration for employment is contingent on the results of these background check(s). In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the school district.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with school district's policy. If I refuse to submit to testing, refuse to sign the school district consent form, or test positive, the school district will not employ me.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

Please complete the following section if applying for a  
**CERTIFIED POSITION**

Major: \_\_\_\_\_

No. of Hours: \_\_\_\_\_

Minors: \_\_\_\_\_

No. of Hours: \_\_\_\_\_

Are you now under contract to teach?       YES                       NO

If applying for an elementary position, can you teach music in a self-contained classroom?  
 YES                       NO

Art?                       YES                       NO

If applying for a high school or junior high position, what subjects are you certified to teach in Illinois?

\_\_\_\_\_

At what grade level did you student teach? \_\_\_\_\_ Where: \_\_\_\_\_

Which extra class activities (including intramurals and/or interscholastic athletics) will you be willing to direct? \_\_\_\_\_

Do you hold a valid Illinois Certificate?       YES                       NO

What type(s): \_\_\_\_\_

Certificate No.: \_\_\_\_\_

Please complete the following section if applying for a  
**SUBSTITUTE TEACHING POSITION**

What is your preference for substituting?

\_\_\_\_\_ Elementary

\_\_\_\_\_ Jr. High

\_\_\_\_\_ High School

Do you have a valid Illinois Certificate?       YES                       NO                      What type?: \_\_\_\_\_

Number of Certificate \_\_\_\_\_

Please list the ROE (s) that you are registered with: \_\_\_\_\_

\_\_\_\_\_

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

Employee Name

Employee ID#

Employer Name

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

Signature of Employee

Date

**Information about Social Security Form SSA-1945**  
**Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplmsoswmrqct.orders@ssa.gov](mailto:oplmsoswmrqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.