

**OTTAWA ELEMENTARY DISTRICT**  
320 West Main Street, Ottawa, Illinois 61350

**PRE-EMPLOYMENT APPLICATION FORM-HEALTH CARE PROVIDER**

- Ms.             Mr.  
 Miss            Dr.  
 Mrs.

\_\_\_\_\_

Last Name	First Name	Middle Initial	Maiden Name
-----------	------------	----------------	-------------

\_\_\_\_\_

Address	City	State	Zip	Phone
---------	------	-------	-----	-------

S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list the names and relationship you have to any relative(s) presently employed by District #141

\_\_\_\_\_

I understand that The School Code provides that any person applying for employment in a certificated position who knowingly makes a false statement on an employment application, or fails to provide requested employment history which is material to his or her qualifications, is guilty of a Class A misdemeanor. Further, I certify that the information provided by me is complete and accurate and if found to be false, incomplete or missing, could be considered sufficient cause for my dismissal.

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's signature

=====

\_\_\_\_\_  
**SCHOOL HEALTH CARE PROVIDER**

\_\_\_\_\_  
**SUBSTITUTE SCHOOL HEALTH CARE PROVIDER**

\_\_\_\_\_  
Other: (Please list) \_\_\_\_\_

Certificate Information: \_\_\_\_\_

Do you have a valid drivers license: \_\_\_\_\_

Please submit a **RESUME** or complete the **SUPPLEMENTAL INFORMATION FORM**

**SUPPLEMENTAL INFORMATION FORM**

(List WORK EXPERIENCE - Most Recent First)

1. From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Month/Year Month/Year Supervisor

Employer/Company  
Name: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Phone

\_\_\_\_\_  
Position/Duties

\_\_\_\_\_  
Reason for Leaving

=====

2. From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Month/Year Month/Year Supervisor

Employer/Company  
Name: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Phone

\_\_\_\_\_  
Position/Duties

\_\_\_\_\_  
Reason for Leaving

=====

3. From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Month/Year Month/Year Supervisor

Employer/Company  
Name: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Phone

\_\_\_\_\_  
Position/Duties

\_\_\_\_\_  
Reason for Leaving

SUPPLEMENTAL INFORMATION FORM CONTINUED:

4. List any other experiences you have had which you feel relate to the position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
=====

If you have no work experience, list three personal references by Name, Address and Telephone Number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

**OFFICE USE ONLY**

NAME: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_  
SCHOOL/POSITION: \_\_\_\_\_  
FIRST DAY OF WORK: \_\_\_\_\_  
RATE OF PAY: \_\_\_\_\_