

OTTAWA ELEMENTARY SCHOOL DISTRICT 141
320 West Main Street, Ottawa, Illinois 61350

PRE-EMPLOYMENT APPLICATION FORM-SECRETARIAL

Ms. Mr.
Miss Dr.
Mrs.

Last Name	First Name	Middle Initial	Maiden Name
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Address	City	State	Zip	Phone
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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
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SECRETARIAL

_____ General Office	_____ Business Office	_____ 11 Month Position
_____ Special Ed. Office	_____ Sup't Secretary	_____ 12 Month Position
		_____ Substitute

SKILLS

YES NO

YES NO

Typing _____

General Accounting _____

Shorthand _____

Bookkeeping _____

Computer Skills _____

 a. Word Processing _____

 b. Spreadsheet _____

 c. Database _____

 d. Experience w/Mac _____

Approximate Typing Speed w/o error _____

Approximate Shorthand Speed per/min. _____

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. _____

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: _____