

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

PRE-EMPLOYMENT APPLICATION FORM-PARAPROFESSIONAL

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.

Date

Applicant's signature

_____ **CLASSROOM PARAPROFESSIONAL** _____ **LIBRARIAN PARAPROFESSIONAL**

_____ Part-time _____ Full-time _____ Substitute (Must have certificate)

Number of College Semester Hours _____

Do you hold an _____ Paraprofessional or _____ Teaching Assistant Certificate? **Please attach a copy.**

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: _____