

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

PRE-EMPLOYMENT APPLICATION FORM-CUSTODIAN

- 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.# _____ Email: _____ 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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_____ CUSTODIAN	_____ Part-time	_____ Full-time	_____ Substitute
_____ MAINTENANCE	_____ Part-time	_____ Full-time	_____ Substitute
_____ GROUNDS MAINTENANCE	_____ Part-time	_____ Full-time	_____ Substitute

Are you available for afternoon and/or evening shift work? YES NO

Do you have experience in: _____ Carpentry _____ Plumbing _____ Electrical _____ Welding

Other Experience: _____

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 _____

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

1. _____

2. _____

3. _____

Applicant's Signature

Date

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OFFICE USE ONLY

NAME: _____

DATE HIRED: _____

SCHOOL/POSITION: _____

FIRST DAY OF WORK: _____

RATE OF PAY: _____