

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

PRE-EMPLOYMENT APPLICATION FORM-HEALTH CARE PROVIDER / NURSE

- 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

=====

____ **SCHOOL HEALTH CARE PROVIDER** ____ **SCHOOL NURSE**

____ **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: _____