

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

PRE-EMPLOYMENT APPLICATION FORM-TRANSPORTATION

- Ms. Mr.
 Miss Dr.
 Mrs.

| | | | | |
|-----------|------------|----------------|-------------|-------|
| Last Name | First Name | Middle Initial | Maiden Name | |
| <hr/> | | | | |
| 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 |
|------|-----------------------|

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____ **TRANSPORTATION EMPLOYEE**

| | | | |
|------------------|------------------|---------------|--|
| ____ Bus Monitor | ____ Driver | ____ Mechanic | |
| ____ Substitute | ____ Other _____ | | |

(Driver applicants complete this section)
Have you had a valid driver's license for at least 3 consecutive years from the date of this application? YES NO

Driver License Number _____ Type of License Held _____

Have you completed the Bus Driver Training Program? YES NO

Have you had any traffic tickets and/or convictions, other than for parking in the past three years? YES NO If yes, list date of offense(s) and penalty.

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. _____

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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: _____