

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

**PRE-EMPLOYMENT APPLICATION FORM-PARAPROFESSIONAL**

Ms.            Mr.  
Miss         Dr.  
Mrs.

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Last Name                      First Name                      Middle Initial                      Maiden Name

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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

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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

\_\_\_\_\_ **TEACHING ASSISTANT**

\_\_\_\_\_ 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

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2. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month/Year Month/Year Supervisor \_\_\_\_\_

Employer/Company  
Name: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Phone

\_\_\_\_\_  
Position/Duties

\_\_\_\_\_  
Reason for Leaving

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3. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month/Year Month/Year Supervisor \_\_\_\_\_

Employer/Company  
Name: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Phone

\_\_\_\_\_  
Position/Duties

\_\_\_\_\_  
Reason for Leaving

