

Herscher C. U.S.D. #2

Personnel Recommendation Checklist

Name of Candidate: _____ Date: _____

Position: _____ Building: _____

Direct Supervisor: _____ Dept.: _____

Hours / Day: _____ Days / Year: _____

(Reminder: 600+ hours per year = IMRF)

Indicate the # of days employee will be allotted, if applicable:

Sick Days: ___/year

Vacation Days: ___/year

Personal Days: ___/year

Salary/Pay Rate: \$ _____/hr OR \$ _____/year

If CERTIFIED, List: Degree: _____ Years Prior Experience: _____ Verified in ISBE:

(ISBE print out attached)

Salary/Pay Rate in-line with scale/contract? Y / N

If no, Superintendent signature/approval required: _____

"Remote, theoretical exposure risk" positions list. Indicate if employee will be offered Hep B vaccine.

FB/Wrestling Coach

E.C. Teacher/Para

Personnel who clean up blood

Elem Bldg Sec

Day Shift Cust/Maint

Teacher/Para with a known biter

PE Teacher

Nurse

Teacher of known Hep B carrier

Attach the following items, as applicable:

Letter of Interest

Resume

ISBE Printout

Letter(s) of recommendation

Other candidates interviewed: _____

References contacted: _____

Comments _____

----- FOR DISTRICT OFFICE USE ONLY -----

RECEIVED: _____

New Hire Packet Sent ___ Board Pkt ___ Letter ___

Excel Doc ___ Eval Chart ___ Contract Sheet ___

GCN Account Created/Deactivated ___

ALICE Account Created/Deactivated ___

Email Account Set Up ___

Complete and send to Heather - UO no later than noon the Thursday prior to board meeting

General Background Information

You must give answers to all questions below:

Have you ever been convicted of a criminal offense? Yes No

Are you currently under charges for a criminal offense? Yes No

Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No

Within the last ten years, have you been fired from any job for any reason? Yes No

Within the last ten years, have you quit a job after being notified that you would be fired? Yes No

Have you ever been professionally disciplined in any state? Yes No
Means an annulment, revocation or suspension of your teaching license or having received a letter of reprimand from any agency, board or commission of state government.

Are you subject to any visa or immigration status, which would prevent lawful employment? Yes No

If you answered 'Yes' to any question above, please provide a detailed explanation on a separate sheet of paper, including dates and attach.

Your answers will be verified with appropriate police records.

This includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of 'no contest.'

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law and any convictions which have been expunged by a court for which you successfully completed an Accelerated Rehabilitative Disposition program.

Conviction is not a bar to employment in all cases. Each case is considered on its merits.

Please print and sign your name, date and include your social security number to said attached paper.

I certify that all statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: rejecting my application, withdrawing of any offer of employment or terminating my employment.

I hereby authorize previous employers to release any and all of my personnel records and to respond fully and completely to questions that officials of Herscher Community Unit School District #2 may ask regarding my prior work history and performance. I will hold such previous employers and/or their employees harmless of any and all claims that I might otherwise have against them in regard to statements made to the district. I further authorize these officials to investigate my background, now and in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize inquiries which would include information which would identify a disability, medical condition or medical history.

Printed Name of Candidate: _____

Date: _____

Signature of Candidate: _____