

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 ____

Email Account Set Up ____

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

7/2020

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: _____