Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours / Day: \_\_\_\_\_\_\_\_\_ Days / Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\**prorated if hired after start of year* (Reminder: 600+ hours per year = IMRF)

Retirement Status. Is the candidate RETIRED? 🞎 Yes\*\* 🞎 No IF YES, list if retired with ex: IMRF, TRS etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the # of days the employee will be allotted*, if applicable: (\*prorated if hired after start of year)*

 # Sick Days:\_\_\_/year # Vacation Days:\_\_\_/year # Personal Days:\_\_\_/year

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

*IF CERTIFIED*: Degree: \_\_\_\_\_ Years Prior Experience: \_\_\_\_\_\_\_ Verified in ISBE: 🞎 ISBE assignments screen print out attached

*IF EXTRA-CURRICULAR/COACH/SPONSOR*:Group in CBA: \_\_\_\_\_ This will be Year: \_\_\_\_\_\_\_

Salary/Pay in line with scale/contract? Y / N *If no, Supt. signature/approval required*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“*Remote, theoretical exposure risk*” positions list. Indicate if the employee should be offered Hep B vaccine:

🞎 FB/Wrestling Coach 🞎 E.C. Teacher/Para 🞎 Personnel who clean up blood 🞎 Elem Bldg Sec 🞎 Nurse

□ Day Shift Cust/Maint 🞎 PE Teacher 🞎 Teacher of known Hep B carrier 🞎 Teacher/Para with a known biter

**Complete this section/step for the following positions: teachers, paraprofessionals, bus drivers, secretaries, library clerks, guidance counselors, social workers, speech pathologists**

Faith’s Law/Sexual Misconduct-Related Information Authorization of Release and Response Documents:

🞎 Response form from each current/former employer of the applicant that fits the description below\*

- Public or Non-Public School

 - Employer that contracted with a Public or Non-Public school, IF position included care, supervision, guidance, control of, or routine interaction with children
 or students.

- Any other employer that included care, supervision, guidance, control of, or routine interaction with children or students.

**NOTE: Current/Former employer(s) MUST respond to the request for information WITHIN 20 DAYS of REQUEST. Response form(s) from current/former employer(s) MUST be received PRIOR TO HIRING.**

Attach the following items, *as applicable:* 🞎 Letter of Interest 🞎 Resume 🞎 Letter(s) of recommendation

Other candidates interviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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References contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Hire Packet Sent \_\_\_ Board Pkt \_\_\_ Letter \_\_\_ Excel Doc \_\_\_ Eval Chart \_\_\_ Contract Sheet \_\_\_

 GCN Acct Created/Deactivated \_\_\_ Email IT RE Email \_\_\_

**General Background Information – Provide to Candidate**

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 that would prevent lawful employment? 🞎 Yes 🞎 No

If you answered ‘Yes’ to any of the above, provide a detailed explanation on a separate page, 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 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 from any and all claims that I might otherwise have against them regarding 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: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received: \_\_\_\_\_\_\_\_\_\_\_\_