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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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 Account Created/Deactivated \_\_\_

ALICE Account Created/Deactivated \_\_\_

Email Account Set Up \_\_\_

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 🞎 Yes 🞎 No

be fired?

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 🞎 Yes 🞎 No

employment?

***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 verity 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_