

**LaSalle/Putnam County Educational Alliance for Special Education**

1009 Boyce Memorial Drive Ottawa, IL 61350

**Mary Jane Chapman, Executive Director**

**Pam Carretto, Assistant Director**

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**PROFESSIONAL STAFF EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Today's Date \_\_\_\_\_ Position Desired \_\_\_\_\_ Date available for work \_\_\_\_\_

**Current Address**

Street
City/Town, State
Phone

**Permanent Address**

Street
City/Town, State
Phone

**Education**

Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_ University \_\_\_\_\_ G.P.A. \_\_\_\_\_

**Illinois Certification**

Type of Certification	Subject Area/Exceptionality

**Out-of-State Certification**

Type of Certification	Subject Area/Exceptionality

**Previous Work Experience (If no resume is included)**

Employer (list most recent first)	Address	Position Held	Years
1.			
2.			
3.			
4.			

May we contact your current/previous employers? YES NO

**References (If not included on resume)**

Name	Address	Phone	Relationship
1.			
2.			
3.			
4.			
5.			

Are you aware of any existing conditions or personal situations which may interfere with the delivery of your services to our organization?    YES        NO    If YES, please explain on an attached sheet.

The School Code of Illinois (22-6.5) stipulates that any person who willfully makes false statements on an employment application is guilty of a Class A misdemeanor. It is the policy of the L.E.A.S.E. organization to terminate employees who make materially false statements or omissions on an employment application.

According to *The Illinois Criminal Identification Act*, an applicant is not obligated to disclose sealed or expunged records of a conviction or an arrest.

I authorize L.E.A.S.E. to comply with Public Act 93-0909 which requires all local education agencies to obtain a fingerprint-based criminal records check.

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I hereby waive written notice from my current employer and/or any previous employers, as provided by Section 7 of Illinois Public Act 83-1104, as amended, and authorize them to release information regarding any disciplinary actions taken against me within the past four years.

In connection with my application for employment, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to our L.E.A.S.E. insurance broker/consultant.

Appropriate accommodations will be made upon request to assist individuals in the application process. Contact L.E.A.S.E. at the numbers listed in the heading of this form for accommodations needed.

\_\_\_\_\_  
Signature of Applicant