

LaSalle/Putnam County Educational Alliance for Special Education

1009 Boyce Memorial Drive Ottawa, IL 61350

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NON-CERTIFIED PERSONNEL EMPLOYMENT APPLICATION

Name _____.

Social Security Number _____ Today's Date _____.

Position Desired _____ Date available for work _____.

Address

Street
City/Town, State
Phone

Education

Highest Degree Earned _____ Year _____

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

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.

(OVER)

Please list specific qualifications, past experiences or other personal qualities which you believe make you a strong candidate for this position.

References (If not included on resume)

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

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.

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.

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.

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 any accommodations necessary.

Signature of Applicant

I understand that the electronic submission of this form by email is the equivalent to my signature.