

# FOX LAKE GRADE SCHOOL DISTRICT 114

29067 West Grass Lake Road

Spring Grove, IL 60081

Phone: (847) 973-4114

FAX: (847) 973-4010

## APPLICATION for EDUCATIONAL SUPPORT PERSONNEL

FOR THE POSITION OF

\_\_\_\_\_

### Personal Information:

\_\_\_\_\_  
Last Name First Middle Maiden

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Social Security Number Current Telephone Number Home Telephone Number

\_\_\_\_\_  
Date of Birth (Optional) Birthplace (Optional) Marital Status (Optional)

### **GENERAL INFORMATION:**

Please Note: The applicant should exercise the greatest care in preparing this application.

When would you be available for employment? \_\_\_\_\_

Have you previously filed an application in this district? Yes [ ] No [ ]

If YES, when? \_\_\_\_\_

Have you ever been convicted of a sexual offense? Yes [ ] No [ ]

All of the information in this application is true and correct to the best of my knowledge. I understand that a complete background check will be made through the Illinois Department of Law Enforcement or any other necessary agencies.

I approve of this procedure.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requirement for employment:** You must receive a physical from a physician and provide your employer with documentation of such for employment.

## EDUCATION

(List in Chronological Order)

[illegible]

## EXPERIENCE

(List in Chronological Order)

[illegible]

# REFERENCES

(Please list five individuals)

Name	Address	Relationship	Phone

**APPLICANT:** In this space please provide any additional information, that you believe, will assist in arriving at a true estimate of your qualification. Copies of testimonials and letters of recommendation may be included.

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## **PERTINENT HEALTH AND PHYSICAL PROBLEMS:**

Do you have any HEALTH PROBLEMS which preclude you from performing types of work?      ☐ Yes   ☐ No

If YES, please describe such problems and specific work limitations: \_\_\_\_\_

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Do you have any PHYSICAL DEFECTS which preclude you from performing certain types of work? ☐ Yes   ☐ No

If YES, please describe such problems and specific work limitations: \_\_\_\_\_

## **PLEASE READ, DATE, AND SIGN:**

I hereby certify that the statements made by me in this application are true and complete to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_