

# CONNECTIONS ACADEMY EAST

300 S Waukegan Road | Lake Forest, IL 60045

Phone: (224) 544-5920 | Fax: (224) 544-5921

Web: [www.connectionsacademyeast.net](http://www.connectionsacademyeast.net)

## PERSONNEL APPLICATION

Updated: October 1, 2019

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Are you a U.S. Citizen?:  YES  NO (If no, have you filed intent?): \_\_\_\_\_

Position Desired (Teacher, Therapist, Instructional Aide): \_\_\_\_\_

Certification/License Held: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_

Certification/License Held: \_\_\_\_\_

Certification/License Number: \_\_\_\_\_

Area(s) of Endorsement: \_\_\_\_\_

Salary Expectations: \_\_\_\_\_

Age Group You Prefer to Work With: Primary (Grades 1-3): \_\_\_\_\_ Intermediate (Grades 4-6): \_\_\_\_\_

Junior High School (Grades 7-8): \_\_\_\_\_ High School (Grades 9-12): \_\_\_\_\_

Are you currently employed?:  YES  NO (If yes, where?): \_\_\_\_\_

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**When would you be available for employment?:** \_\_\_\_\_  
**Highest degree held:** \_\_\_\_\_

**Honors & distinctions you have received:** \_\_\_\_\_

**Technology skills and competencies:** \_\_\_\_\_

**Special talents and competencies:** \_\_\_\_\_

**What made you want to apply for this position at Connections Academy East?:**

**What do you believe you can contribute to Connections Academy East based on who you are, and your unique abilities and experiences?:**

**Has your driver's license ever been suspended or revoked?:**  YES  NO

**If yes, please explain:** \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation?:  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of sexual abuse, physical abuse or neglect of a minor?:  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE & REFERENCES:**

Do we have permission to contact your present, and/or most recent, employer(s) or supervisor(s)?:  YES  
 NO

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

START & END DATES	PLACE OF EMPLOYMENT	NAME OF EMPLOYER OR SUPERVISOR & TITLE/POSITION	PHONE NUMBERS/EMAIL

*I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge; and grant permission to authorized personnel at Connections Academy East to examine my records for the purpose of hiring. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of the application, or discharge if I have already been employed.*

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Signature

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Date

*I hereby authorize Connections Academy East to forward my name to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI), for the purpose of conducting a criminal background check. I understand this will require me to allow electronic fingerprinting. I also agree to relinquish any forms required by the ISP or FBI for such purposes. I understand that Connections Academy East may conduct an additional check with the Department of Children and Family Services (DCFS) for any indicated reports of child abuse. I also understand that prior to being hired I will be required to submit to drug screening at Quest Diagnostics.*

*I hereby indemnify, save and hold harmless, Connections Academy East, its officers, agents and employees from any claim of liability or damage which may arise from the proceedings of the ISP, FBI, DCFS or Quest Diagnostics in conjunction with these background checks and/or drug screening.*

*I understand that an offer of employment, or continued employment if hired, is contingent upon my passing the above mentioned background checks and drug screening, and submitting fingerprint data, and all required health and medical examination forms, and any other forms required by Connections Academy East.*

*This authorization is valid throughout the course of my employment at Connections Academy East, to the extent permitted by law.*

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Signature

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Date

**FOR STUDENT THERAPISTS ONLY (Therapy Externs & Doctoral Interns):**

*I hereby authorize Connections Academy East to share my criminal background check, DCFS, and/or drug screening information with my Academic Program, if deemed necessary by the Connections Academy East Administrative Team.*

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Signature

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Date