

SOUTH CAMPUS

909 E. Wilmette Road |Palatine, IL 60074
Phone: (847) 359-8300 | Fax: (847) 359-8300
Web: www.southcampus.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?):

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 South Campus?:

What do you believe you can contribute to South Campus 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 |
|-------------------|---------------------|---|---------------------|
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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 South Campus 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.

Signature

Date

I hereby authorize South Campus 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 South Campus 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, South Campus, 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 South Campus.

This authorization is valid throughout the course of my employment at South Campus, to the extent permitted by law.

Signature

Date

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

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

Signature

Date