

CONNECTIONS DAY SCHOOL

31410 North US Highway 45 | Libertyville, IL 60048

Phone: (847) 680-8349 | Fax: (847) 680-8583

Web: www.connectionsdayschool.net

PERSONNEL APPLICATION

Updated: June 22nd, 2020

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): _____

Anticipated Salary for this Position: _____

Certification/License Held: _____

Certification/License Number: _____

Certification/License Held: _____

Certification/License Number: _____

Area(s) of Endorsement: _____

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 Connections Day School?:

What do you believe you can contribute to Connections Day School 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:

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

If no, please explain: _____

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

PROFESSIONAL REFERENCES:

NAME	RELATIONSHIP	PHONE NUMBER & EMAIL ADDRESS

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 Day School 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 Connections Day school 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 Day School 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 Day School, 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 Day School.

This authorization is valid throughout the course of my employment at Connections Day School, to the extent permitted by law.

Signature

Date

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

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

Signature

Date