OTTAWA ELEMENTARY DISTRICT
320 West Main Street, Ottawa, Illinois 61350

PRE-EMPLOYMENT APPLICATION FORM- LUNCH PROGRAM

Ms. Mr. Miss Mrs. Dr.

_____/_____
Last Name First Name Middle Initial Maiden Name

_____(____)_____
Address City State Zip **Phone**

Email Address:_____ Date of Birth _____

Please list the names and relationships you have to any relative(s) presently employed by District #141
_____

I understand that The School Code provides that any person applying for employment in a certificated position who knowingly makes a false statement on an employment application, or fails to provide requested employment history which is material to his or her qualifications, is guilty of a Class A misdemeanor. Further, I certify that the information provided by me is complete and accurate and if found to be false, incomplete or missing, could be considered sufficient cause for my dismissal.

Have you ever been convicted of a felony? _____ If yes, please explain: _____
_____
_____
_____

_____ _____
Date Applicant's signature
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____ **LUNCH PROGRAM**
____ Cafeteria Manager ____ Cashier ____ Noon Supervisor
____ Cook/Assistant Cook ____Substitute

____ **CROSSING GUARD**
_____Regular _____Substitute

Please submit a **RESUME** or complete the **SUPPLEMENTAL INFORMATION FORM**.

SUPPLEMENTAL INFORMATION FORM
(List WORK EXPERIENCE - Most Recent First)

1. From _____/_____ To _____/_____ _____
Month/Year Month/Year Supervisor

Employer/Company
Name:_____

_____
Address City State Zip Phone

_____
Position/Duties

_____
Reason for Leaving
==========

2. From _____/_____ To _____/_____ _____
Month/Year Month/Year Supervisor

Employer/Company
Name:_____

_____
Address City State Zip Phone

_____
Position/Duties

_____
Reason for Leaving
==========

3. From _____/_____ To _____/_____ _____
Month/Year Month/Year Supervisor

Employer/Company
Name:_____

_____
Address City State Zip Phone

_____
Position/Duties

_____
Reason for Leaving

SUPPLEMENTAL INFORMATION FORM CONTINUED:

4. List any other experiences you have had which you feel relate to the position. _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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If you have no work experience, list three personal references by Name, Address and Telephone Number.

1. _____

2. _____

3. _____

_____ _____
Applicant's Signature Date

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OFFICE USE ONLY

NAME:_____

DATE HIRED: _____

SCHOOL/POSITION: _____

FIRST DAY OF WORK:_____

RATE OF PAY:_____