

Work History

Employers	Dates of Employment

Professional References

Full Name of Reference	Position	Address	Telephone #

Have you ever been convicted of a felony? Yes _____ No _____

If so, what felony? _____

Agreement

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omission of fact shall be sufficient cause for disqualification of this application or termination of employment. I understand that, pursuant to 105 ILCS 5/22-6.5, my failure to provide requested employment of employer history material to my qualifications for employment or provision of statements I do not believe to be true may be a Class A misdemeanor. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the District.

As an applicant for employment in Central Stickney Elementary School District #110, I hereby authorize School District #110 to submit my name, date of birth and social security number to the proper law enforcement agency to determine if I have ever been convicted of criminal or drug offenses as specified under Section 10 - 21.9 of The School Code. I understand that School District #110 may further conduct a check for any indicated reports of child abuse under the Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq. I hereby indemnify, save, and hold harmless School District #110, Cook County, Illinois, and any of its officers, agents, and employees from any claim or liability or damage which may arise from the proceedings of a law enforcement agency or the Department of Children and Family Services in conjunction with the above background checks. I understand that an offer of employment, or continued employment if hired, is contingent upon my passing the above background checks. Further, I recognize that any pending or actual employment is terminable "AT WILL", i.e. with or without cause and with or without notice.

I hereby authorize School District #110 to conduct work history and reference checks to determine my acceptability for employment. Pursuant to the Illinois Personnel Record Review Act, 820 ILCS 40/0.01 et. seq. , I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. Further, I hereby release the officers, agents, employees and directors of each of my past employers and School District #110, employees and directors of each of my past employers and School District #110, Cook County, Illinois, its officers, agents and employees, from any and all liability arising from disclosure of personnel records and from verbal appraisals of my performance. I understand and agree that this waiver includes any and all manners of actions that I may now have or may have in the future concerning such disclosures, regardless of their nature.

Signature of Applicant

Immigration Control and Reform

On November 10, 1986, Congress enacted the Immigration Reform and Control Act of 1986 (IRCA). The provisions of the IRCA apply to all new employees and any employer who hires, recruits, or for a fee, refers persons for employment in the United States.

In order to be compliance with the new law, the employer is required to verify the status of any perspective employee. Initially, the employer, individual being employed is not an unauthorized alien. In the verification, the employer must also substantiate that the employer has arrived at this conclusion through the examination of one of the following documents:

1) United States Passport; 2) Certificate of United States Citizenship; 3) Certificate of Naturalization; 4) unexpired Foreign Passport, if it has an unexpired endorsement authorizing employment; or 5) a resident Alien Card or other alien registration card if the information relating to that individual, and if the card contains authorization of employment. If the employee does not have any of the above listed documents, then the employer must use the following documents in order to determine eligibility for employment: 1) Social Security Account Number Card; 2) United States birth certificate or certificate establishing U.S. nationality at birth; or 3) other documentation evidencing authorization of employment in the United States. In addition, the applicant/employee must also establish identity by presenting a driver's license or similar document issued for identification purposes by a State, if it contains a photograph or other personal, identifying verification of documentation and legal status.

I hereby declare that I am not an unauthorized alien. Proof of status being:

Signature of Applicant

Date

Acknowledgment of Mandated Reporter Status

I further understand that when I am employed as a _____ (type of employment), I will become a mandated reporter under the Abused and Neglected Child Reporting Act (325 ILCS 5/1 et seq.). This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, and 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect I may be found guilty of Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act, the Medical Practice Act, the Psychologist Registration Act, the Social Workers Registration Act, the Dental Practices Act, The School Code or "AN ACT to regulate the practice of Podiatry", I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read these statements and have knowledge and understanding of the reporting requirements which apply to me under the RICA Act of 1986 and Abused and Neglected Child Reporting Act.

Signature of Applicant

Date

For School Use Only

“Illinois Sex Offender List” checked by _____ on _____

“Illinois State Police Murderer & Violent Offender List” checked by _____ on _____

Fingerprints: _____

Drug Test: _____