

Herscher Community Unit School District #2

Personnel Recommendation Checklist

Name of Candidate: _____ Anticipated Start Date: _____
Position: _____ Building: _____
Direct Supervisor: _____ Dept.: _____

Hours / Day: _____ Days / Year: _____ *prorated if hired after start of year (Reminder: 600+ hours per year = IMRF)

Indicate the # of days the employee will be allotted, if applicable: (*prorated if hired after start of year)

Sick Days: ___/year # Vacation Days: ___/year # Personal Days: ___/year

Salary/Pay Rate: \$ _____/hr OR \$ _____/year

IF CERTIFIED: Degree: _____ Years Prior Experience: _____ Verified in ISBE: ISBE assignments screen print out attached

IF PARA: Years Prior Experience: _____ Date license expires: _____ Verified in ISBE:

IF EXTRA-CURRICULAR/COACH/SPONSOR: Group in CBA: _____ This will be Year: _____

Salary/Pay in line with scale/contract? Y / N If no, Supt. signature/approval required: _____

"Remote, theoretical exposure risk" positions list. Indicate if the employee should be offered Hep B vaccine:

- | | | | | |
|---|--|---|--|--------------------------------|
| <input type="checkbox"/> FB/Wrestling Coach | <input type="checkbox"/> E.C. Teacher/Para | <input type="checkbox"/> Personnel who clean up blood | <input type="checkbox"/> Elem Bldg Sec | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Day Shift Cust/Maint | <input type="checkbox"/> PE Teacher | <input type="checkbox"/> Teacher of known Hep B carrier | <input type="checkbox"/> Teacher/Para with a known biter | |

Attach the following items, as applicable: Letter of Interest Resume Letter(s) of recommendation

Other candidates interviewed: _____

References contacted: _____

Comments _____

----- FOR DISTRICT OFFICE USE ONLY -----

RECEIVED: _____
New Hire Packet Sent ___ Board Pkt ___ Letter ___
Excel Doc ___ Eval Chart ___ Contract Sheet ___
GCN Acct Created/Deactivated ___ Email IT RE Email ___

Complete and send to the District Office - no later than noon the Thursday prior to board meeting

General Background Information – Provide to Candidate

You must give answers to all questions below:

- Have you ever been convicted of a criminal offense? Yes No
- Are you currently under charges for a criminal offense? Yes No
- Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No
- Within the last ten years, have you been fired from any job for any reason? Yes No
- Within the last ten years, have you quit a job after being notified that you would be fired? Yes No
- Have you ever been professionally disciplined in any state?
Means an annulment, revocation, or suspension of your teaching license, or having received a letter of reprimand from any agency, board, or commission of state government. Yes No
- Are you subject to any visa or immigration status that would prevent lawful employment? Yes No
-

If you answered 'Yes' to any of the above, provide a detailed explanation on a separate page, including dates, and attach.

Your answers will be verified with appropriate police records.

This includes felonies, misdemeanors, summary offenses, and convictions resulting from a plea of 'no contest.'

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law and any convictions which have been expunged by a court for which you successfully completed an Accelerated Rehabilitative Disposition program.

Conviction is not a bar to employment in all cases. Each case is considered on its merits.

Please print and sign your name; date and include your social security number to said attached paper.

I certify that all statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for rejecting my application, withdrawing any offer of employment, or terminating my employment.

I hereby authorize previous employers to release any and all of my personnel records and to respond fully and completely to questions that officials of Herscher Community Unit School District # 2 may ask regarding my prior work history and performance. I will hold such previous employers and/or their employees harmless from any and all claims that I might otherwise have against them regarding statements made to the district. I further authorize these officials to investigate my background, now and in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize inquiries which would include information which would identify a disability, medical condition, or medical history.

Printed Name of Candidate: _____ Date: _____

Signature of Candidate: X _____