



Family, School and Community Partnerships  
Leading to Successful Learning

**31410 Highway 45 ~ Libertyville, IL 60048**  
**Phone: (847) 680-8349 ~ Fax: (847) 680-8583**

Founders

**Betty Lindquist, M.B.A. & John Schuler, Psy.D.**

Principal                      Clinical Director                      Diagnostic Program Coordinator                      Medical Consultant  
**Elaina Murillo, M.A.      Kristen Mittl Pollina, Psy.D.      Ruth Tompkins, Psy.D.      Michael Greenbaum, M.D.**

## **PERSONNEL APPLICATION**

**Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**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:** \_\_\_\_\_

**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 Connection's Day School?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you believe you can contribute to Connection's Day School based on who you are, and your unique abilities and experiences?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony:  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been found guilty of sexual or physical abuse 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: \_\_\_\_\_

START & END DATES	PLACE OF EMPLOYMENT	ANNUAL OR HOURLY SALARY	NAME OF EMPLOYER OR SUPERVISOR & TITLE/POSITION	PHONE NUMBER(S)

**PERSONAL REFERENCES:**

NAME	RELATIONSHIP	PHONE NUMBER(S)

***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 Connection's 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.***

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**Signature**

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**Date**

***I hereby authorize Connection's 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 Connection's Day School may conduct an additional check with the Department of Children and Family Services (DCFS) for any indicated reports of child abuse. Further, I hereby indemnify, save and hold harmless, Connection's Day School, its officers, agents and employees from any claim of liability or damage which may arise from the proceedings of the ISP, FBI or DCFS in conjunction with these background checks.***

***I understand that an offer of employment, or continued employment if hired, is contingent upon my passing all of the above mentioned background checks and submitting fingerprint data, all required health and medical examination forms, and any other forms required by Connection's Day School.***

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

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**Signature**

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**Date**