



South Campus
909 E. Wilmette
Phone: (847) 359-8300
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Founders

Betty Lindquist, MBA
John Schuler, Psy. D
Tom Dempsey, MA

Principal

Tom Dempsey, MA

Clinical Director

Beth Becker, M.S. Ed. Psy. D.

Medical Director

Michael Greenbaum, MD

Assistant Principal

Jessica Edward, MA

PERSONNEL APPLICATION

POSITION DESIRED:	OFFICE_____	NURSING_____
TEACHING_____	INSTRUCTIONAL AIDE_____	THERAPIST_____
CERTIFICATION HELD:	_____	#_____
	_____	#_____
	_____	#_____
AREAS OF ENDORSEMENT: _____		
AGE GROUP YOU PREFER WORKING WITH:		PRIMARY (1-3)_____
INTERMEDIATE (4-6)_____	JUNIOR HIGH (7-8)_____	HIGH SCHOOL _____

NAME:_____	DATE OF APPLICATION_____
ADDRESS:_____	
PHONE:_____	SOCIAL SECURITY #:_____

U.S. CITIZEN: __YES __NO (If no have you filed intent? _____)

ARE YOU CURRENTLY EMPLOYED? _____ WHERE? _____
WHEN WOULD YOU BE AVAILABLE FOR EMPLOYMENT? _____
DO WE HAVE PERMISSION TO CONTACT YOUR PRESENT EMPLOYER?_____
NAME_____PHONE#_____POSITION_____
IF NO, PLEASE EXPLAIN:_____

HONORS AND DISTINCTIONS YOU HAVE RECEIVED:

SPECIAL TALENTS, INTERESTS, AND HOBBIES:

TECHNOLOGY SKILLS AND COMPETENCIES:

WHAT UNIQUE SKILLS AND ABILITIES DO YOU POSSESS THAT YOU FEEL ARE ASSETS TO YOU AS AN EDUCATOR/THERAPIST?

BRIEFLY STATE YOUR EDUCATIONAL/THERAPEUTIC PHILOSOPHY:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN FOUND GUILTY OF SEXUAL OR PHYSICAL ABUSE OF A MINOR? YES NO

EDUCATIONAL BACKGROUND

SCHOOL NAME & LOCATION	YEARS ATTENDED.	GRADUATED YES/NO
H.S.		

WORK EXPERIENCE:

DATES	SCHOOL	ANNUAL SALARY	NAME OF SUPERVISOR & PHONE #

OTHER REFERENCES: (NAME, RELATIONSHIP & PHONE NUMBER)

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge; and, I hereby grant permission to authorized personnel at South Campus to examine my records for the purpose of hiring. I understand that any misrepresentation, falsification, of omission will be sufficient cause for cancellation of the application, or discharge if I have been employed.

Signature

Date

I hereby authorize South Campus to forward my name to the Illinois Department of State Police for the purpose of conducting a criminal background check. I also agree to execute any forms required by said department for such purposes. I understand South Campus may further conduct a check for any indicated reports of child abuse. Further, I hereby indemnify, save, and hold harmless South Campus, its officers, agents and employees from any claim of liability or damage which may arise from the proceedings of the Illinois State Police of 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 Illinois State Police and Child Abuse Registry background checks, and upon submitting the required health and medical examination forms, and any other forms required by South Campus.

Signature

Date

South Campus is an equal opportunity employer