

South Eastern Special Education



SOUTH EASTERN SPECIAL EDUCATION

Employment Application

An Equal Opportunity Employer
This Application will be maintained for 12 months only

Name:				Date:	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>		
Address:					
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Telephone #	Home: ()		Cell: ()		
E-mail Address:					
I am (Check a Box) & will provide necessary documentation to validate that I am					
<input type="checkbox"/> A citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.					
Position(s) Applying For:					
<input type="checkbox"/> Substitute <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Paraprofessional (Aide) <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Social Worker <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> Teacher of the Visually Impaired		<input type="checkbox"/> LBSI Teacher <input type="checkbox"/> COTA <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Custodian <input type="checkbox"/> Pre-Vocational Coordinator <input type="checkbox"/> Teacher of the Hearing Impaired		<input type="checkbox"/> PTA <input type="checkbox"/> Special Ed. ECE Teacher <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Maintenance <input type="checkbox"/> Other:	

Have you ever worked for South Eastern Special Education before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when & where _____	
Date available to Start: _____	
Are you available to Work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	
List any day or hours you are unable to work: _____	
List Any Friends or Relatives working here:	(Name) _____ (Relationship) _____
Please indicate your source of referral:	
<input type="checkbox"/> District Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Contacted On Own <input type="checkbox"/> Other	
Name: _____ Name: _____	

United States Military Service:

Do you have United States Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch: _____	
Date Entered:	_____	Date Discharged:	_____	Rank at Time of Discharge:	_____
Special Skills or Training from Service:			Present Military Status:		

Education & Training:

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

Name & Location of School	Number of Years Completed (circle one)	Degree Earned/Major
	1 2 3 4	
	1 2 3 4	
	1 2 3 4	

Work Experience: List below your previous employers, starting with the most current one.

Employer Name:		Address:	
Position:	Dates - From		To
Supervisor -Name and Title		Phone ()	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From		To
Supervisor - Name and Title		Phone ()	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From		To
Supervisor Name and Title		Phone ()	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From		To
Supervisor Name and Title		Phone ()	
Reason for Leaving			

Are there any other places you have worked in addition to those listed above? Yes No

Additional Experience:

Please list any additional experience.

Professional References: Include three professional references who supervised your previous work (principals, supervisors, superintendents).

Name	Address, City, State	Position	Phone Number

THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Yes No Have you ever been convicted of an offense other than a minor traffic violation?

If YES, when, where, and disposition of the conviction:

Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest. You are also not obligated to disclose expunged juvenile records of adjudication or arrest.

Yes No Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge?
(IF YES, EXPLAIN ON SEPARATE SHEET)

Yes No Have you ever been the subject of an indicated report by DCFS or similar state agency?
(IF YES, EXPLAIN ON SEPARATE SHEET)

Yes No Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? IF YES,
WHERE _____ and
WHEN _____

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the district shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the school district to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. I also authorize a criminal background, sex offender, and other checks required by Federal and State government and the school code. I acknowledge that consideration for employment is contingent on the results of these background check(s). In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the school district.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____ **Applicant's Signature:** _____

Please complete the following section if applying for a
LICENSED POSITION

Major: _____

No. of Hours: _____

Minors: _____

No. of Hours: _____

Are you now under contract to teach?

YES

NO

List any endorsements you hold:

At what grade level did you student teach? _____ Where: _____

Do you hold a valid Illinois License?

YES

NO

What type(s):

Professional Educator License (PEL)

Educator License with Stipulations (ELS)

Substitute License

Short Term Substitute (STS) License

Illinois Educator Identifying Number (IEIN): _____

Please complete the following section if applying for a
SUBSTITUTE TEACHING POSITION

Do you have a valid Illinois License?

YES

NO

What type(s):

Professional Educator License (PEL)

Educator License with Stipulations (ELS)

Substitute License

Illinois Educator Identifying Number (IEIN): _____

Please list the ROE (s) that you are registered with: _____
