

**IROQUOIS SPECIAL EDUCATION ASSOCIATION**  
106 E Front Street, Gilman, IL 60938

**APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition of handicap, or any other legally protected status.

Date of Application \_\_\_\_\_

Position of teaching level/area applying for: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                    Last                      First                      Middle

Address: \_\_\_\_\_  
                                    Street                                      City                                      State                                      Zip Code

Email Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

CERTIFICATIONS: ( Type and Area of Concentration )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	School Name	Year Diploma Completed	Degree	Course of Study
High School				
College/ University				
Graduate				
Specialized Training				

**PUBLIC EDUCATION EMPLOYMENT EXPERIENCE**

Employer	From	To	Your Job Title
Address			Supervisor
Work Performed:			
Reason for Leaving:			

Employer	From	To	Your Job Title
Address			Supervisor
Work Performed:			
Reason for Leaving:			

Employer	From	To	Your Job Title
Address			Supervisor
Work Performed:			
Reason for Leaving:			

Employer	From	To	Your Job Title
Address			Supervisor
Work Performed:			
Reason for Leaving:			

**OTHER EMPLOYMENT**

Date of Employment	Name of Employer	Address	Position	Supervisor & Phone Number	Reason For Leaving

Awards, Recognition, and/or Community Service

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Please forward the following information to our office:

1. Resume'
2. Transcripts
3. Copy of Certificates
4. References

Please complete the following in paragraph form.

1. Comment on your own personal goals and objectives.
  
  
  
  
  
  
  
  
  
  
2. Comment on your Philosophy of Education.

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision.

This application for employment shall be considered active for a period of not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in being discharge from my position. I understand, also, I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**DO NOT WRITE BELOW THIS LINE**

Interview: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Result of Interview:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acceptable for Employment: Yes \_\_\_\_\_ No \_\_\_\_\_

Salary Step: \_\_\_\_\_ Salary Column: \_\_\_\_\_ Extra Hours \_\_\_\_\_

Occupation \_\_\_\_\_ Placement: \_\_\_\_\_ Start Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_