

FRANKLIN AND JEFFERSON COUNTIES
SPECIAL EDUCATION DISTRICT 801
409 East Park Street
PO Box 1027
Benton, IL 62812
Phone: (618) 439-7231 Fax: (618) 438-2210

APPLICATION FOR EDUCATIONAL SUPPORT PERSONNEL POSITION

Important

Transcripts showing all courses (copies are suitable) and credentials (including recommendations) must be submitted to complete your application file.

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE ADDRESS LISTED ABOVE

Personal Data

Name _____
Last First Middle Email

Address _____
Street City, State, Zip Telephone

Preferred Position

(Example: position type or location)

FIRST CHOICE _____ SECOND CHOICE _____

COMMENTS _____

WORK REFERENCES

Must provide two supervisors as references.

NAME	PHONE	EMAIL	RELATIONSHIP (colleague or supervisor)

It is the policy and practice of the District to decide all matters relating to employment on the basis of personal qualities and abilities. There is no discrimination because of race, religion, creed, color, sex, age, national origin, or physical or mental disability unrelated to ability. Applicants need not furnish any information which they believe to be a violation of their legal or constitutional rights. Any person who willfully makes certain false statements or material omissions in an application for employment may be guilty of a Class A misdemeanor.

LICENSURE

List below the Illinois license(s) for which you qualify. Indicate if the license has been issued or has been applied for.

TYPE	NUMBER	TRADE/SKILL	ISSUED	APPLIED FOR

EDUCATION

List below all schools, colleges or universities you have attended.

School/College/University Attended	Location (City, State)	Dates Inclusive	Degree Granted	Major

EXPERIENCE

List, in reverse chronological order, all work experience. Attach additional work history to the back of this, if needed.

Place	Location (City, State)	Dates Inclusive	Assignment	Supervisor's Name

Are you currently under contract? _____

When will you be available? _____

SKILLS AND EXPERIENCE

Please mark the activities/skills for which you are qualified:

CLERICAL

- ___ Typing
- ___ Google Suites
- ___ Phone Reception
- ___ Basic Accounting
- ___ Data Entry
- ___ Document Preparation

Special Education

- ___ Behavior Management
- ___ Classroom Supervision
- ___ Data Collection
- ___ Basic Computer Skills (email, Google Suites, etc.)
- ___ Medicaid Billing
- ___ Assisting with Activities of Daily Living

OTHER SKILLS _____

PERSONAL COMMENTS

What are your professional goals and plans?

In your own handwriting, please state why you feel you should be considered for the position for which you are applying. Please indicate your unique qualifications.

Please state your reason(s) for wanting to change your present position, or if not currently employed, why you want to join the staff of Franklin and Jefferson Counties Special Education District 801.

By signing below, I certify that the 1) answers and information set out in this application are true and correct; 2) information submitted in my resume or other written submission to Franklin and Jefferson Counties Special Education 801 is true and correct; and 3) statements and information provided in my communication(s) with Franklin and Jefferson Counties Special Education 801 or its agents are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer, statement or information I provide or provided is not true, accurate, correct or complete, I may not be hired, or if already hired, I may be discharged. I voluntarily and knowingly authorize Franklin and Jefferson Counties Special Education 801 to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work, educational history or my character, to provide Franklin and Jefferson Counties Special Education 801 with all requested information and references, and to cooperate fully with the investigation of my character and qualifications. I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, private business, personal reference and/or other persons to give records or information they may have concerning my earnings history, health, character and employment records or any other information requested by Franklin and Jefferson Counties Special Education 801. I authorize the investigation of all statements or records provided during the application process, or any other information requested by Franklin and Jefferson Counties Special Education 801. I voluntarily and knowingly, unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid for six (6) months from the date it is signed, and a photographic or faxed copy of the authorization shall be as valid as the original. I acknowledge that as a condition of employment, I will be required to show original documentation of both identity and eligibility to work in the United States. I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Franklin and Jefferson Counties Special Education 801 has the authority to make oral employment contracts. If employed, I hereby agree to comply with all relevant Illinois statutes affecting public school applicants and employees, and all pertinent rules, policies, procedures and regulations of Franklin and Jefferson Counties Special Education 801.

Signature

Date

