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

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, <u>all</u> 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:			
CLERICALTyping Google Suites	Special Education Behavior Management Classroom Supervision		
Phone ReceptionBasic AccountingData EntryDocument Preparation	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 for which you are applying. Please indicate your un	•	
Please state your reason(s) for wanting to change why you want to join the staff of Franklin and Jet	ge your present position, or if not currently employed, fferson Counties Special Education District 801.	
my resume or other written submission to Franklin and Jefferson and information provided in my communication(s) with Franklin a accurate and complete to the best of my knowledge. I acknowled not true, accurate, correct or complete, I may not be hired, or if a Franklin and Jefferson Counties Special Education 801 to invest investigate my character and qualifications. I authorize my prior educational history or my character, to provide Franklin and Jeffe and references, and to cooperate fully with the investigation of many present employer or supervisor, past employer or supervisor business, personal reference and/or other persons to give reconcharacter and employment records or any other information requauthorize the investigation of all statements or records provided Franklin and Jefferson Counties Special Education 801. I voluntation informant from any and all liability resulting from the furnishing of from the date it is signed, and a photographic or faxed copy of the a condition of employment, I will be required to show original docunderstand that this application is not a contract of employment. That no one within Franklin and Jefferson Counties Special Education Special Education and Jefferson Counties Special Education Special Education one within Franklin and Jefferson Counties Special Education Sp	et out in this application are true and correct; 2) information submitted in a Counties Special Education 801 is true and correct; and 3) statements and Jefferson Counties Special Education 801 or its agents are true, dige that if any answer, statement or information I provide or provided is already hired, I may be discharged. I voluntarily and knowingly authorize igate all statements contained in this application for employment and to employers, references, and others with information regarding my work, erson Counties Special Education 801 with all requested information by character and qualifications. I voluntarily and knowingly authorize of the control of learning, administrator, privated so or information they may have concerning my earnings history, health during the application process, or any other information requested by arrily and knowingly, unconditionally release any named or unnamed of this information. This authorization shall be valid for six (6) months the authorization shall be as valid as the original. I acknowledge that as cumentation of both identity and eligibility to work in the United States. I also acknowledge that no oral representations have been made, and action 801 has the authority to make oral employment contracts. If utes affecting public school applicants and employees, and all pertinent reson Counties Special Education 801.	
Signature	Date	