

**CERTIFICATED EMPLOYEE
APPLICATION
WEST CENTRAL ILLINOIS SPECIAL EDUCATION COOPERATIVE
MACOMB, ILLINOIS**

Date: _____

Name _____

Last

First

Middle

Address

City

State

Zip

Home Telephone

Work Telephone

Position Desired _____

Present Position _____

Social Security # _____

Availability Date for Employment _____

Certification in Illinois - Certificate Number and type

Certification in Other States - Certificate Number and type

Co-Curricular activities for which you are qualified and are willing to direct, supervise or coach - please list.

Applications are requested to complete this form and return promptly. It will be used to expedite the process of establishing your file and commencing an inquiry into your qualifications. It is **NOT** a substitute for the formal letter of application and complete resume which should be forwarded as soon as possible. Please fill this form in completely, even if the information is also in your credentials.

EDUCATIONAL and PROFESSIONAL TRAINING

College or University _____

Name & Location	Dates Attended	Degree	Date Received
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College or University _____

Name & Location	Dates Attended	Degree	Date Received
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College Major(s) _____

College Minor(s) _____

TEACHING EXPERIENCE (Reverse Chronological Order)

School Name	City	State	Instruction Levels	Dates
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT SUPERVISOR

Present or Most Recent Superintendent

Present or Most Recent Principal

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

REFERENCES

List the names of four persons who know of your most recent professional work and qualifications. Please fill this in completely rather than referring to your placement papers.

Name: _____

Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Phone: _____
Home Office

Phone: _____
Home Office

Name: _____

Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Phone: _____
Home Office

Phone: _____
Home Office

CANDIDATE STATEMENT

Information which you may want to express in order to receive maximum consideration for employment:

ACCOMPLISHMENTS

1. Please describe, on a separate sheet of paper, at least three accomplishments of which you are most proud. Place these in the order of their significance.
2. On a separate sheet, describe your major strengths.

Have you ever been convicted of a crime other than minor traffic violation? If so, state the offense for which

you were convicted, date the conviction was rendered, and the sentence imposed.

STATEMENT BY THE APPLICANT:

In submitting this application, the undersigned applicant certifies that all statements and information contained therein are true and correct and that no attempt has been made to conceal or withhold pertinent information. The applicant understands that any falsification or misrepresentation may be a class A misdemeanor and is cause for termination in the event that the applicant is subsequently employed by the school district.

Signature

STATEMENT BY THE COOPERATIVE:

The question asked in this application are necessary in order that the West Central Illinois Special Education Cooperative may properly assess qualifications for employment. However, the Cooperative wishes to emphasize that it does not discriminate in hiring or employment on the basis of race, religious creed, national origin or ancestry, sex, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

West Central Illinois Special Education Cooperative hires only individuals authorized to work under the Immigration Reform and Control Act of 1986. The State of Illinois requires a criminal background check of all school district employees. All employment is subject to that investigation.

We look forward to an early evaluation of your completed application file and will consider your candidacy along with other applicants for this vacancy. Please forward the completed application form to:

Assistant Director
West Central Illinois Special Education Cooperative
130 S Lafayette Street, Suite 201
Macomb, IL 61455
(309)837-3911