



EASTERN ILLINOIS AREA OF SPECIAL EDUCATION

5837 Park Drive, Suite 1, Charleston, IL 61920
 Phone: 217/348-7700
 FAX: 217/348-7704

CERTIFIED APPLICATION OF

NAME _____
 (last) (first) (middle) (maiden)

()

Address (PERMANENT) _____
 (city) (state) (zip) (phone)

()

Address (TEMPORARY) _____
 (city) (state) (zip) (phone)

E-Mail Address _____ **FAX:** _____

Cell Phone: _____

Place of Birth: _____
 (city, state)

Position Applying For (if more than one please indicate)

TEACHING _____

ADMINISTRATIVE _____

OTHER _____

DO YOU HOLD A VALID ILLINOIS CERTIFICATE(S)? YES _____ NO _____ WHAT TYPE(S)? _____

If yes, is your certificate registered for this school year? YES _____ NO _____

Are you applying for substitute teaching? YES _____ NO _____ What Type(s)? _____

If this position requires a license, are you licensed to practice in Illinois? YES _____ NO _____

EASTERN ILLINOIS AREA OF SPECIAL EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER.
 PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE
 OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERANS STATUS.

Name: _____

Social Security Number: _____

Date: _____

PROFESSIONAL PREPARATION

SCHOOL'S ATTENDED (includes high school)	CITY	STATE	NUMBER OF YEARS ATTENDED	DEGREES CONFERRED	TOTAL SEM. HR

PRACTICE TEACHING

Where? _____ Dates (from) _____ (to) _____

Subject and/or grade levels? _____

How long? _____ Semester Hours Credits? _____

TEACHING EXPERIENCE - PUBLIC AND PRIVATE SCHOOLS

NAME OF TOWN OR CITY AND STATE	GRADE	SUBJECTS IF DEPARTMENTALIZED	TIME TAUGHT		SCHOOL YEARS
			From	To	

OTHER WORK EXPERIENCE RELATED TO POSITION APPLIED FOR

EMPLOYER	ADDRESS AND PHONE	POSITION	EMPLOYMENT		TOTAL YEARS
			From	To	

Give three (3) references:

NAME	ADDRESS	CITY and STATE	TELEPHONE

Have you every plead guilty to a criminal offense? YES _____ NO _____

Have you ever been convicted of a criminal offense other than a traffic violation? YES _____ NO _____

Have you ever been dismissed or asked to resign from a position? YES _____ NO _____

Have you ever been denied tenure? YES _____ NO _____

Have you ever been placed on remediation? YES _____ NO _____

Are you a retired Illinois teacher? YES _____ NO _____

Do you have any relatives currently employed with EIASE? YES _____ NO _____

If yes, give name and relationship _____

Are you a U.S. citizen? YES _____ NO _____

If not a U.S. citizen are you legally present and authorized to work in the United States? YES _____ NO _____

I understand that before being employed I must pass a physical examination and/or T.B. test approved by the Eastern Illinois Area of Special Education. I authorize all former employers and other persons to give any information they have regarding me, or my employment with them, and I release them and their companies from any liability for damages resulting therefrom. I understand that any false or misleading statements made by me on this application may prevent my employment or may be cause for dismissal if hired. I also understand that falsification of an employment application by a certificated individual is a misdemeanor in Illinois.

Signature _____ Date _____