



**EDUCATIONAL SUPPORT PERSONNEL  
APPLICATION FOR EMPLOYMENT**

**EASTERN ILLINOIS AREA OF SPECIAL EDUCATION**

5837 Park Drive  
Charleston, IL 61920

**Phone:** 217-348-7700

**Fax:** 217-348-7704

Eastern Illinois Area of Special Education is an Equal Opportunity Employer. It does not discriminate in employment, and no question on the application is used for the purpose of limiting or excluding any applicant's consideration from employment on a basis prohibited by local, state, or federal law.

Date: \_\_\_\_\_

**1. Personal Data:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street/P.O. Box

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Phone Number: \_\_\_\_\_

**2. Position Data:**

**A. Position desired: (If more than one, please indicate)**

Full-time

Custodial

Part-time

Substitute

Hours preferred: \_\_\_\_\_

**B. Specific position desired, if any:** \_\_\_\_\_

**C. Qualifications: List specific skills and/or training you have, if any, that relates to the position desired. Cite all licenses, permits, certificates, or other official records that will document your qualifications.**

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

**3. Education and Training:** List in chronological order, beginning with high school.

School or Institution City, State	Degree or Sem. Hrs.	Graduation Date Month/Year	Major
High School:	<b>HS Grad?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
Trade School or University:			
Trade School or University:			

**4. Relevant Work Experience:** List in chronological order jobs you have had beginning with your present or last position.

Employer City, State	Description of Duties	Dates From / To

**5. Activities:** Provide information about community leadership, awards, honors, scholarships, and volunteerism since leaving high school.

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6. **Additional Information:** The following questions are a very important part of our screening process. Please reflect upon them carefully, and give us your candid response.

A. What skills and abilities do you believe you have to offer an employer?

B. How sensitive do you believe you should be to the viewpoints of your co-workers?

Why?

C. At what time in your life did you first have the opportunity to take real responsibility?

What were your responsibilities?

D. Do you like to continually learn a lot of new things on a job or would you rather do one or two things really well?

E. In what occupation do you envision yourself working five years from now?

F. How do you feel about an employer who has extremely high and, at times, almost unrealistic expectations of you?

Why?

G. Is there anything else you believe would be helpful for us to know about you as a person and employee?

HAVE YOU EVER PLEAD GUILTY TO A CRIMINAL OFFENSE? Yes\_\_\_\_\_ No\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A TRAFFIC VIOLATION? Yes\_\_\_\_\_ No\_\_\_\_\_

**7. Professional References:** List three references who can vouch for your character and qualifications with preference given to supervisors with whom you have most recently worked.

Name	Position	Company Address			
		Street	City	State	Zip / Phone

**8. Essential Job Functions:** To perform this job successfully, an individual must satisfactorily perform each of the essential job requirements listed in the appropriate job description that accompanies this job application. Reasonable accommodations may be made to enable a qualified individual with a disability to perform his or her job functions. A qualified individual is a person who, with or without reasonable accommodations of his or her disability, meets the essential qualifications and can perform the essential qualifications and can perform the essential job functions of his or her position of employment. After reading the job description, answer the following question:

Are you able to perform all of the following essential functions of the job with or without reasonable accommodation:

Yes       No

I declare the foregoing, to the best of my knowledge, to be accurate and complete statements of facts. I understand that the failure to provide requested information or any false statement herein will serve as cause for rejection of the application or, if discovered later, for discharge. I authorize past employers and persons whom I have listed herein as personal references to disclose information about me, including the names of other persons from whom information may be obtained related to my academic and work experience, and my suitability for the position for which I am applying. I understand that my employment is subject to satisfactory replies from references, and I hereby relieve Eastern Illinois Area of Special Education, its employees, and all references from any and all liability concerning the release of confidential information. Furthermore, I acknowledge that employment is contingent upon and subject to a post offer physical and medical requirements, a background check, and the Illinois Criminal Background Investigation. If accepted for employment, I hereby agree to obey all rules and regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

If employed, this application becomes a permanent part of your personnel file.