



# EASTERN ILLINOIS AREA OF SPECIAL EDUCATION

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

## NON-CERTIFIED APPLICATION OF

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

Address (city) (state) (zip) (phone)

How long have you lived at the above address?

Place of Birth: (city) (state)

( ) (telephone)

E-Mail Address: FAX:

Cell Phone:

Position Applying For:

CLERICAL FULL TIME EMPLOYMENT

AIDE HOURS PREFERRED

DO YOU HOLD A VALID STATE APPROVED PARAPROFESSIONAL LETTER FROM THE ILLINOIS STATE BOARD OF EDUCATION?

YES \_\_\_\_\_ NO \_\_\_\_\_ (date issued)

**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: \_\_\_\_\_



DO YOU TYPE? \_\_\_\_\_ RATE OF SPEED? \_\_\_\_\_

DO YOU HAVE ANY COMPUTER/WORD PROCESSING SKILLS? YES NO DESCRIBE \_\_\_\_\_

WHAT OFFICE MACHINES DO YOU OPERATE? \_\_\_\_\_

PRESENT OR LAST POSITION HELD? \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_

DATE EMPLOYED DATE TERMINATED SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY EIASE? WHEN? IN WHAT CAPACITY? \_\_\_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH EIASE? YES NO \_\_\_\_\_

IF YES, GIVE NAME AND RELATIONSHIP \_\_\_\_\_

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 \_\_\_\_\_

ARE YOU UNDER 18 YEARS OF AGE? YES NO \_\_\_\_\_

DO YOU HAVE A LEGAL RIGHT TO LIVE AND WORK IN THE UNITED STATES? YES NO \_\_\_\_\_

**REFERENCES - LIST AT LEAST THREE (3): (DO NOT INCLUDE RELATIVES)**

NAME ADDRESS PHONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND THAT FOLLOWING ANY OFFER OF EMPLOYMENT, I MUST PASS A PHYSICAL EXAMINATION AND/ T.B. TEST APPROVED BY THE EASTERN IL AREA OF SPECIAL EDUCATION PRIOR TO BEGINNING EMPLOYMENT. 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.**

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_