

APPLICATION
Position of Certified Employee

Tri-County Special Education Joint Agreement

Please submit the following:

1. A letter of interest which includes a statement citing the most significant contributions which you have made in your present position and a statement indicating what you consider to be the most important qualifications which equip you to perform effectively in the position for which you are applying; to the extent appropriate, please refer to the job description established by the Board of Education.
2. A recent resume;
3. Request your college or university to forward up-to-date credentials and transcripts;
4. This completed application; and
5. Additional supportive materials.

All information should be sent to:
Mr. C.W. (Chuck) Hamilton, Director
Tri-County Special Education Joint Agreement
1725 Shomaker Drive
Murphysboro, IL 62966
(618-684-2109
Fax: (618)687-1638

Tri-County does not discriminate on the basis of race, color, religion, national origin, age, sex, marital status, disability, unfavorable military discharge, or any other unlawful basis in the recruitment, selection or employment of its employees.

APPLICATION WILL BE MAINTAINED IN ACTIVE FILE FOR ONE YEAR.

I. PERSONAL INFORMATION:

Name	Social Security Number	
Home Address	Street, City, Zip Code	Phone
Business Address	Business Phone	
Name of School District or Most Recent Employer		
Name of School	Student Enrollment/Class Size	Number of Professional Employees
Current Supervisor	Supervisor's Position	Supervisor's Phone

Are you a United States Citizen? _____

Is there any reason that will prevent you from accepting any school assignments or attending meetings or other activities held after regular school hours? _____

What foreign languages do you speak or write? _____

II. PROFESSIONAL INFORMATION:

Do you possess an Illinois Teacher's Certificate? (Attach Copy) _____
 Other certificates held _____
 What is the exact title and type of your certificate? _____
 Date Issued _____ List subjects and/or types of position which appear on your certificate:

III. POSITION APPLIED FOR:

Indicate school levels (Senior High, Middle School (6-8), Elementary) in which you are professionally qualified to teach. Give preference by ranking: (For each area, please enclose ISBE Teaching certificates).

1. _____ 2. _____ 3. _____

Indicate your choice of GRADES (including Kindergarten) and SUBJECTS if secondary.

Elementary 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Middle School 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Secondary 1st Choice _____ 2nd Choice _____ 3rd Choice _____

For what specific position are you applying? _____

When would you be able to take this position? (Month, day, year)

IV. PROFESSIONAL PREPARATION:

EDUCATION:

Degree	Name of School and Location	Date Degree Received	Major/Minor

PRACTICE TEACHING

Name of School and Location	Levels/Subjects	Grade Rec'd	Name of Cooperating Teacher	Name of College Supervisor

EMPLOYMENT HISTORY: Please list all full-time experience within and outside the field of education, in reverse chronological order. Add supplemental pages as needed.

Institution and Location	Position	# Years	# persons Supervised	Annual Salary	Reason for Leaving

Have you ever been dismissed from a position or asked to resign? _____

If yes, please explain: _____

V. TEACHING EXPERIENCE:

List all experience in reverse chronological order. DO NOT include student teaching.

# Years Experience	Dates (Inclusive)	Name and Location of School	Levels/Subjects/Grades Taught	Annual Salary	Name and Current Address of Principal
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				

Total number of years of full-time teaching experience (exclude student teaching):

SELECTED SPECIAL PROFESSIONAL ACHIEVEMENTS:

(publications, fellowships held, honors, involvement in professional organizations, consulting, community honors). Add supplemental pages if needed.

VI. EXTRA-CURRICULAR INTERESTS SURVEY

Are you willing and qualified to perform extra-curricular and/or coaching assignments?

Yes _____ No _____

Please check your areas of interest:

ACTIVITY	YES	NO
Football		
Basketball		
Baseball		
Track		
Volleyball		
Soccer		
Wrestling		
Tennis		
Drama/Theater		
Musical Productions		
Marching Bands		
Pom-Poms		
Cheerleading		
Special Interest Clubs		
Softball		
Golf		
Cross Country		

Careful consideration will be given to candidates who can effectively demonstrate professional competencies in instruction and educational philosophy which enhances racial, ethnic, handicapped, or gender diversity in curricular programming. Briefly describe your expertise and background interest in dealing with the aforementioned areas of education.

VII. STATEMENT BY APPLICANT:

Briefly state your reason for applying to this school district and briefly describe your working knowledge of educational technology: _____

VIII. REFERENCES:

Provide written references from four or five people who are familiar with your professional growth. If you have had no teaching experience, give the names of college instructors who are familiar with your work.

NAME	POSITION AT PRESENT	ADDRESS	PHONE

IX. AFFIRMATION:

I hereby affirm that the matter and facts set forth on this application are true and correct and I further understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment, and may constitute a Class A misdemeanor.

Applicants are hereby made aware that appropriate accommodations will be made upon request to assist individuals in the application process.

Date _____ Signature of Applicant _____

APPLICATION WILL BE MAINTAINED IN ACTIVE FILE FOR ONE CALENDAR YEAR