



APPLICATION FOR NON-LICENSED EMPLOYMENT

**All information should be sent to:
Tri-County Special Education
Attn: Human Resources
1725 Shomaker Dr
Murphysboro, IL 62966**

POSITION DESIRED: _____ Permanent _____ Substitute _____

If applicable, please attach any of the following:

_____ State Certification _____ All College Transcripts _____ College/University Degrees

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ IEIN (State Issued): _____ Authorized to work? _____

Have you ever been dismissed from employment? _____ If yes, give name of supervisor and
telephone number _____

EDUCATION:

Degree if Applicable	Name of School and Location	Date Degree Received	Major/Minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE:

Start with your present job or last job. Include military assignments and other volunteer activities.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly Wage _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly Wage _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly Wage _____

Employer 4 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly Wage _____

Please add additional employment information on back if needed

What skills do you possess that would qualify you for the position for which you have applied?

List below any past training or past experience you may have in regard to the position for which you have applied.

If applicable, please list any skills you possess that would qualify you for a position in the following classrooms: Early Childhood, Emotional/Social Disturbance, Special Needs, Trainable Mentally Handicapped (Choices).

References (please include phone number):

1. _____
2. _____
3. _____
4. _____

I hereby affirm that the matter and facts set forth on this application are true and correct and I further understand that the employer may investigate my work and personal history and verify data on this application.

Signature of Applicant

Date

Tri-County Special Education Joint Agreement 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.

This application will remain active for **one calendar year from the date of the application.**