

MID-STATE SPECIAL EDUCATION

202 Prairie, PO Box 46 • Morrisonville, Illinois 62546 • (217) 526-8121

Employment Application

(An Equal Opportunity Employer)

This Application will be maintained for 12 months only

Name: (Last, First, M.I.)
Position(s) Applying For:

By signing below, I understand that misstatements, false representations, or omissions of information in connection with my application for employment can lead to rejection of my application or dismissal from employment, when discovered.

I authorize the Cooperative to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. I also authorize criminal background, sex offender, and other checks required by Federal and State government as well as the school code and insurance carrier for the district. I acknowledge that consideration for employment is contingent on the results of these background check(s). In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the Cooperative.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the Cooperative and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with Cooperative's policy. If I refuse to submit to testing, refuse to sign the Cooperative consent form, or test positive, the Cooperative will not employ me.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____ **Applicant's Signature:** _____

Position(s) Applying For:

Personal Data

Name:				Date:	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>		
Address:					
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
E-mail Address:			Cell #	()	
			Home #	()	
Telephone # & Name to contact in case of Emergency			(Name)		
			()		
I am (Check a Box) & will provide necessary documentation to validate that I am					
<input type="checkbox"/> A citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.					

Have you ever been convicted of a felony?
 Yes No

If yes, when, where, and disposition of the conviction: _____
 Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest. *You are also not obligated to disclose expunged juvenile records of adjudication or arrest.*

What type of experience do you have which would be helpful for the job you are applying for?

Have you ever worked for this Cooperative before? Yes No
If yes, when & where _____

Date available to Start:

Are you available to Work: Full-time Part-time
List any day or hours you are unable to work: _____

Please indicate your source of referral:
 MSSE Employee Newspaper Website Contacted On Own Other

United States Military Service

Do you have United States Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch: _____	
Date Entered:		Date Discharged:		Rank at Time of Discharge:	
Special Skills or Training from Service:			Present Military Status:		

EDUCATION – Complete or attach resume.

Name & Location of School	Please Circle Last Year Degree Completed				Course Work
{High School}	1	2	3	4	
{College}	1	2	3	4	
{Other}	1	2	3	4	

WORK EXPERIENCE: List below your last four employers, starting with the most current one.

Company Name:		Address:		
Position:	Earnings – Beginning	Ending	Dates - From	To
Supervisor -Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor - Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				

Are there any other places you have worked in addition to those listed above? Yes No

Additional Experience: Please list any additional experience:

Professional References: List a minimum of three professional references that can provide relevant information with preference given to supervisors under whom you have most recently worked.

Name	Position	Email Address	Phone Number

Please complete the following section if applying for a
LICENSED POSITION

Do you hold a license issued by the Illinois Department of Professional Regulation?

Yes No

Area: _____ Number: _____

Expiration Date: _____

Major: _____

No. of Hours: _____

Minors: _____

No. of Hours: _____

Do you have a valid Illinois Professional Educators License (PEL)? Yes No

Do you have a valid license from another state? Yes No

What type of PEL School Support Endorsements do you hold?

School Social Worker

School Counselor

School Psychologist

School Nurse

Speech-Language Pathologist

Other: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all the information is true and complete to the best of my knowledge. I authorize you to make inquiries as necessary in arriving at an employment decision and my qualifications in driving. I understand that I must comply with all Federal Department of Transportation regulations.

DATE

APPLICANTS SIGNATURE