



APPLICATION FOR EMPLOYMENT - SUPPORT STAFF

Name: _____ SS#: _____ Date: _____

Present Address: _____
 (street) (city) (zip code)

Permanent Address: _____
 (street) (city) (zip code)

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Position Applied For: _____ Full Time Part Time

EDUCATION:

Names of Schools Attended Include High School & Beyond in Date Order	Dates Attended	Hours

EXPERIENCE(Begin with latest)

Dates	Name and Address of Employer	Position Held	Supervisor
__/__/__ to __/__/__			
__/__/__ to __/__/__			
__/__/__ to __/__/__			
__/__/__ to __/__/__			

SKILLS: _____

List memberships and activities: _____

REFERENCES: List the names of individuals who can evaluate your training and experience.

Name	Phone Number	Position

Are you suffering from any mental or physical disability or handicap which would prevent you from performing the functions of the job for which you are applying? _____

The facts set forth above and on preceding pages of this application for employment are true and complete. I understand that, if I am employed, any false statements made by me on this application shall be considered sufficient cause for dismissal. In addition, I understand that an offer of employment is contingent upon my passing the Illinois State Police criminal history background investigation and submitting the required immigration (I-9) and health forms.

Pursuant to the provisions of the Illinois Personnel Records Act, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information to the Cooperative Association for Special Education regarding any disciplinary actions taken against me within the past four years.

Signature

Date

THE COOPERATIVE ASSOCIATION FOR SPECIAL EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN ANY OF ITS EMPLOYMENT PRACTICES ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE.

Forward this completed application, along with any additional information that will provide a more complete estimate of your training, experience, character, and ability to:

Joan Nurczyk, Administrative Assistant
Cooperative Association for Special Education
22W 600 Butterfield Road
Glen Ellyn, Illinois 60137-6957
Email: jnurczyk@case.dupage.k12.il.us

Applications will be retained in active status for approximately one year.