TMCSEA
Tazewell-Mason Counties Special Education Association
Schramm Educational Center
300 Cedar Street
Pekin, IL 61554-2576
www.tmcsea.org

For Office Use Only

Date Interviewed:_____
Decision: ☐Hire
☐Not Hire
Date Informed:_____
Salary Offer:_____
Schedule Placement:_____

APPLICATION FOR EMPLOYMENT

Name:_____

Present Address:_____
Street/Box

_____
City State Zip

Phone: ( ) _____ – _____

Permanent Address:_____
(If different from above) Street/Box

_____
City State Zip

Phone: ( ) _____ – _____

Date of Application:_____

Date Available:_____

Social Security #:_____

E-Mail (if available):_____

Optional Data

Sex: ____Male ____Female
Ethnic: ___White ___Black ___American Indian ___Asian ___Hispanic

POSITION SOUGHT

- ☐ Director
- ☐ Administrative Secretary
- ☐ Bookkeeper
- ☐ Coordinator Schramm Ed. Center
- ☐ Program Coordinator
- ☐ School Secretary to Schramm Ed. Center
- ☐ Receptionist/Secretary
- ☐ Transition Specialist/STEP Program Coordinator
- ☐ Transition STEP Specialist Asst./Secretary
- ☐ Adaptive P.E. Teacher
- ☐ H.I. Itinerant Teacher
- ☐ Orthopedic Itinerant Teacher
- ☐ Speech/Language Pathologist
- ☐ Speech/Language Pathologist Asst.
- ☐ Teacher
- ☐ Paraprofessional
- ☐ Vision Itinerant Teacher
- ☐ COTA
- ☐ Job Coach
- ☐ Job Development Specialist
- ☐ Nurse
- ☐ PTA
- ☐ OT-R
- ☐ RPT
- ☐ School Psychologist
- ☐ School Social Worker
- ☐ Cook
- ☐ Cook Assistant
- ☐ Head Custodian
- ☐ Assistant Custodian
- ☐ Student Worker
- ☐ Substitute: _____

ILLINOIS CERTIFICATES HELD

List all Certifications/Licenses/Registrations held:

1. _____ Exp. Date:_____
2. _____ Exp. Date:_____
3. _____ Exp. Date:_____
4. _____ Exp. Date:_____

EDUCATIONAL HISTORY

(Begin with high school to college/university to any graduate schooling as applicable)

Institution	City/State	Date Began	Dated Ended	Degree

Turn Page Over and Complete Back

TMCSEA IS AN
EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Employer	City/State	From – To	Reason for Leaving

May we contact your present/most recent employer? ☐ Yes _____
(Provide name if available)

☐ No _____
(Explain)

Professional References

Name/Title	Affiliation	City/State	Phone

Attach or Forward the Following:

- Resume _____Received _____N/A
- Three (3) Letters of Recommendation _____Received _____N/A
- Schooling Credentials/Transcripts _____Received _____N/A
- Copy of Certification, License, Registration _____Received _____N/A

You are invited to furnish any related information and/or materials you want to support your application for employment.

Applicant Signature:_____ Date:_____

FORWARD THIS APPLICATION AND REQUIRED DOCUMENTS TO:

TMCSEA ADMINISTRATIVE OFFICE, C/O SCHRAMM EDUCATIONAL CENTER, 300 CEDAR STREET, PEKIN, IL 61554-2576

NOTE

State of Illinois Law makes it a Class A misdemeanor for an applicant for a certified school position to willfully make false statements on the application for employment or to knowingly omit or fail to include employment history required to be furnished on the application which is material to the qualifications for employment. (The School Code of Illinois 22-6.5)

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EQUAL OPPORTUNITY EMPLOYER