

**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: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Present Address: \_\_\_\_\_

Date Available: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address (if different from above)

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**POSITION SOUGHT**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Director<br><input type="checkbox"/> Administrative Secretary<br><input type="checkbox"/> Bookkeeper<br><input type="checkbox"/> Program Coordinator Schramm Educational Center<br><input type="checkbox"/> Program Coordinator<br><input type="checkbox"/> School Secretary Schramm Educational Center<br><input type="checkbox"/> Receptionist/Secretary<br><input type="checkbox"/> Transition Specialist/STEP Program Coordinator<br><input type="checkbox"/> Transition Specialist Assistant<br><input type="checkbox"/> Adaptive P.E. Teacher<br><input type="checkbox"/> Hearing Itinerant Teacher<br><input type="checkbox"/> Vision Itinerant Teacher<br><input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Speech/Language Pathologist<br><input type="checkbox"/> Educational Behavioral Consultant<br><input type="checkbox"/> Behavior Specialist (BCBA)<br><input type="checkbox"/> Behavior Specialist Assistant (RBT)<br><input type="checkbox"/> Certified School Nurse<br><input type="checkbox"/> Registered Nurse<br><input type="checkbox"/> Licensed Practical Nurse<br><input type="checkbox"/> Job Coach<br><input type="checkbox"/> Occupational Therapist<br><input type="checkbox"/> Certified Occupational Therapy Assistant<br><input type="checkbox"/> Physical Therapist<br><input type="checkbox"/> Physical Therapist Assistant<br><input type="checkbox"/> School Psychologist | <input type="checkbox"/> School Psychologist intern<br><input type="checkbox"/> School Social Worker<br><input type="checkbox"/> Paraprofessional<br><input type="checkbox"/> Cook<br><input type="checkbox"/> Cook Assistant<br><input type="checkbox"/> Head of Maintenance<br><input type="checkbox"/> Custodian Assistant<br><input type="checkbox"/> Groundskeeper<br><input type="checkbox"/> Pool Attendant/Changing Assistant<br><input type="checkbox"/> 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**

