

**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**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Director<br><input type="checkbox"/> Administrative Secretary<br><input type="checkbox"/> Bookkeeper<br><input type="checkbox"/> Coordinator Schramm Ed. Center<br><input type="checkbox"/> Program Coordinator<br><input type="checkbox"/> School Secretary to Schramm Ed. Center<br><input type="checkbox"/> Receptionist/Secretary<br><input type="checkbox"/> Transition Specialist/STEP Program Coordinator<br><input type="checkbox"/> Transition STEP Specialist Asst./Secretary<br><input type="checkbox"/> Adaptive P.E. Teacher<br><input type="checkbox"/> H.I. Itinerant Teacher | <input type="checkbox"/> Orthopedic Itinerant Teacher<br><input type="checkbox"/> Speech/Language Pathologist<br><input type="checkbox"/> Speech/Language Pathologist Asst.<br><input type="checkbox"/> Teacher<br><input type="checkbox"/> Paraprofessional<br><input type="checkbox"/> Vision Itinerant Teacher<br><input type="checkbox"/> COTA<br><input type="checkbox"/> Job Coach<br><input type="checkbox"/> Job Development Specialist<br><input type="checkbox"/> Nurse<br><input type="checkbox"/> PTA | <input type="checkbox"/> OT-R<br><input type="checkbox"/> RPT<br><input type="checkbox"/> School Psychologist<br><input type="checkbox"/> School Social Worker<br><input type="checkbox"/> Cook<br><input type="checkbox"/> Cook Assistant<br><input type="checkbox"/> Head Custodian<br><input type="checkbox"/> Assistant Custodian<br><input type="checkbox"/> Student Worker<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**

TMCSEA IS AN  
 EQUAL OPPORTUNITY EMPLOYER

