

**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 \_\_\_\_\_

E-Mail (if available): \_\_\_\_\_

Permanent Address: (If different from above)

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

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

**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

**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)