

# KENDALL COUNTY SPECIAL EDUCATION

201 GARDEN STREET  
YORKVILLE, IL 60560

[www.kcsec.org](http://www.kcsec.org)

630-553-5833 Fax 630-553-5872

## Application for Employment

This application form must be completed in order to be considered for a position with Kendall County Special Education Cooperative. This application will become a part of your permanent file should you be employed. If necessary, you may use additional sheets of paper. Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

Current Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Have you ever worked for us in the past? \_\_\_\_\_

Dates: \_\_\_\_\_

Check type of employment you are willing to work.

Full-Time

Part-Time, if part time circle days available: M    T    W    TH    F

Would you be interested in Subbing for us on a day to day basis, at an hourly rate of \$9.00: \_\_\_\_\_

What age level would you prefer to work with? \_\_\_\_\_

Do you have a District preference? \_\_\_\_\_ Date able to begin employment: \_\_\_\_\_

List any special skills or knowledge which you feel would qualify you for the position:

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## EDUCATION

<u>EDUCATION</u>	<u>Name/Location of School</u>	<u>Years Attended</u>	<u>Date Graduated</u>	<u>Credit Hours</u>	<u>Degree</u>
<u>High School</u>					
<u>College/University</u>					

Are you Highly Qualified as a State Paraprofessional? \_\_\_\_\_

If not, do you have the qualifications to become Highly Qualified? \_\_\_\_\_ Highly qualified means you have met the requirements for state approved paraprofessional. It requires 30 college hours or more, or has passed the ETS Paraprofessional Test, or completed a paraprofessional training program approved by ISBE or ICCB

EMPLOYMENT HISTORY

List last three employers, starting with your present or most recent employer.  
 Can we contact previous employer: \_\_\_\_\_

Date, Month and Year	Employer's Name and Phone	Supervisor's Name	Salary	Position	Reason for leaving
From:			Beg. End		
To:					
From:			Beg. End		
To:					
From:			Beg. End		
To:					

REFERENCES

List the name of three persons not related to you, whom you have known at least one year and who have definite knowledge of your abilities and qualifications and may be contacted.

Name	Phone	Relationship	Years Acquainted

In signing this application, I hereby certify all the information provided on this application is true, correct and complete to the best of my knowledge and further agree any deliberate falsification, misrepresentation or significant omission of facts called for upon this application will disqualify me from further consideration from employment and will be considered sufficient justification for my dismissal by KCSEC if discovered at a later date.

I understand that I am not obligated to disclose sealed or expunged records of a conviction or an arrest.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_