



COOPERATIVE ASSOCIATION FOR SPECIAL EDUCATION
 22W600 Butterfield Road
 Glen Ellyn, Illinois 60137-6957

Voice or TTY (630) 942-5600
 Fax (630) 942-5601

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Name: _____ SS#: _____ Date: _____

Present Address: _____
 (street) (city) (state) (zip code)

Permanent Address: _____
 (street) (city) (state) (zip code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Position Applied For: _____ Full Time Part Time

EDUCATION:

| Names of Schools Attended Include High School & Beyond in Date Order | Dates Attended | Degree or Add'l. Hours |
|---|----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

EXPERIENCE(Begin with latest)

| Dates | Name and Address of Employer | Position Held | Supervisor |
|--------------------|------------------------------|---------------|------------|
| ___/___ to ___/___ | | | |
| ___/___ to ___/___ | | | |
| ___/___ to ___/___ | | | |
| ___/___ to ___/___ | | | |
| ___/___ to ___/___ | | | |

Skills: _____

List memberships and activities: _____

REFERENCES: List the names of individuals who can evaluate your training and experience.

| Name | Phone Number | Position |
|------|--------------|----------|
| | | |
| | | |
| | | |
| | | |

Are you suffering from any mental or physical disability or handicap which would prevent you from performing the functions of the job for which you are applying? _____

The facts set forth above and on the preceding page of this application for employment are true and complete. I understand that, if I am employed, any false statements made by me on this application shall be considered sufficient cause for dismissal. In addition, I understand that an offer of employment is contingent upon my passing the Illinois State Police criminal history background investigation and submitting the required immigration (I-9) and health forms. I am not obligated to disclose sealed or expunged records of conviction or arrest.

Pursuant to the provisions of the Illinois Personnel Records Act, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information to the Cooperative Association for Special Education regarding any disciplinary actions taken against me within the past four years.

Signature

Date

THE COOPERATIVE ASSOCIATION FOR SPECIAL EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN ANY OF ITS EMPLOYMENT PRACTICES ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE.

Forward this completed application, along with resume and copies of transcripts, credentials, and certificates to:

Deborah Marszalik
Cooperative Association for Special Education
22W600 Butterfield Road, Glen Ellyn, IL 60137-6957
Email: dmarszalik@casedupage.com

Applications will be retained in active status for approximately one year.

Revised 12/6/2010