

GREENE *GS* SULLIVAN

Applying for: FULL TIME PART-TIME SUBSTITUTE

Position Applying For:

TEACHER OCCUPATIONAL THERAPIST SOCIAL WORKER EARLY CHILDHOOD

PSYCHOLOGIST PHYSICAL THERAPY SPEECH PATHOLOGIST OTHER _____

CERTIFIED APPLICATION FORM PERSONAL DATA

Name: _____

Last
First
MI

Present Address: _____

Number and Street
City
State

Present Telephone Number: _____ **Until:** _____

Area Code Number
Date

Home Address: _____

Number and Street
City
State

Home Telephone Number: _____ **Cell Phone Number:** _____

Area Code Number
Area Code Number

E-Mail Address: _____

Date of Birth: _____ **Social Security Number:** _____

NOTE: Required to complete Criminal Background Check

Indiana Teacher Retirement Number: _____

CERTIFICATION

Type of Indiana License Or Certificate	Levels Covered	Date Of Issue	Date of Expiration
Physically Handicapped/Orthopedic Impairments			
Visually Impaired			
Hearing Impaired			
Emotionally Handicapped/Disturbed			
Severely Mentally Handicapped			
Learning Disabled			
Mildly Mentally Handicapped			
Mild Disabilities (LD, MiMH)			
Mild Intervention (LD, MiMH, ED)			
Moderately Mentally Handicapped			
Severe Disabilities			
Intense Interventions			
School Psychologist			
Speech/Language Pathologist			
School Based Social Worker			
Occupational Therapist			
Physical Therapist			
Other			

If you do not hold a valid Indiana license, are you qualified to meet the Indiana Certification requirements? YES NO

If yes, in what areas/levels? _____

Licenses Held in another state _____

Date of Issue _____ Date of Expiration _____

TEACHING AREAS AND PREFERENCES

List grades and or subjects qualified to teach in order of preference.

Grade	Level Area
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
Coaching/ Extra Curricular _____	
Other (List) _____	

Comments: (Please include a statement about how your education and experience have prepared you for the position for which you have applied) _____

PROFESSIONAL PREPARATION

Name of High School: _____ City, State, Zip: _____

Date of Graduation: _____

COLLEGES ATTENDED

Name, City and State	Dates Attended	Date Degree Conferred	Type of Degree

Total number of semester hours beyond the date the bachelor's degree was conferred: _____

Total number of semester hours beyond the date the master's degree was conferred: _____

List Majors and Minors: _____

Credential on File at: _____ File Number: _____

TEACHING EXPERIENCE

(Start with last or present position and work backwards)

IMPORTANT: Please list all teaching experience starting with present position and working backwards. If additional space is needed, attach a supplemental page.

Dates From To	No. of Years in Position	Full /Part Time	Status: Regular or Sub	School: Public or Private	School: Name & Address and Phone	Grade or Subject	Principal. Director or Supervisor
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Supervised Teaching (Beginning Teachers Only)

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SUMMARY OF YEARS OF REGULAR TEACHING EXPERIENCE

Elementary _____ Middle School _____ Junior High School _____ High School _____ College _____

TOTAL _____

OTHER WORK EXPERIENCE

Type of Position	Employer	Address	Dates
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ACTIVE MILITARY SERVICE	Branch of Service	Dates	Type of Discharge	Total Military Time

Please return this application to: *Greene-Sullivan Special Education Cooperative*

77 A NE Street, Linton, IN 47441
Phone: 812-847-8497 Fax: 812-847-0285

REFERENCES

- Give full name and address of each reference. In naming references, if you have had teaching experience, give supervisors, principals and/or superintendents who are familiar with your classroom work.
- **YOU MUST INCLUDE** references from your present or latest teaching position. If you have had no teaching experience, give the names of the college instructors with whom you have taken your major subjects. Include the name of the instructor who supervised your practice teaching course. The judgment of a non-professional person is usually valuable only from the stand-point of general character.
- If all of your references are in a placement agency, you will need to give only the name and address of that agency.

PLEASE HAVE YOUR PLACEMENT PAPERS FORWARDED TO THIS OFFICE.

- We will need a copy of your transcripts to complete your application. These normally do not come from a placement office. You will have to send them yourself or request that they be sent from the registrar at your college and/ or university.

NAME	ADDRESS	PHONE NUMBER	POSITION/ RELATIONSHIP
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S STATEMENT

Give any other information not covered in the application you may wish to present _____

AFFIDAVIT

	Yes	No
Are you presently under contract? For school year _____	_____	_____
Are you a citizen of the United States?	_____	_____
*Have you been denied a certificate or had one revoked?	_____	_____
*Do you have any physical or emotional impairments, diseases, or ailments which will affect your job performance?	_____	_____
* If "Yes", give complete details _____		

I CERTIFY THAT statements made by me on this application are true and correct to the best of my knowledge. I understand that this will become a part of my official record.

Signature of Applicant

Date