

# Application for Non-Certified Employment

Greene-Sullivan Special Education Cooperative

77 A Street Northeast, Linton, IN 47441 (812) 847-8497

<b>Name:</b>	<b>Date:</b>	<b>Phone:</b>
<b>E-Mail:</b>	<b>Address:</b>	<b>City/State/Zip:</b>

The information contained in the following box will be used for the mandatory for background check.

<b>SSN:</b>	<b>DOB:</b>
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Have you ever been convicted of a felony?

Yes  No

If you answered Yes to the previous question, please give date(s) of conviction(s) an explain. If you answered No, please indicate N/A.

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Have you ever been arrested or plead guilty to a crime other than a mild traffic offense?

Yes  No

If you answered Yes to the previous question, please list an explanation. If you answered No, please indicate N/A.

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Do you have any physical or emotional impairments, diseases, or ailments which will affect your job performance?

Yes  No

If you answered Yes to the previous question, please list an explanation. If you answered No, please indicate N/A.

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<b>High School:</b>	<b>Graduation Date:</b>
<b>Other Schooling:</b>	

**Work Experience**

<b>Company:</b>	<b>Name of Last Supervisor:</b>	<b>Hrs./Week</b>
<b>Address:</b>	<b>Start Date-End Date</b>	
<b>Phone Number:</b>	<b>Last Job Title:</b>	
<b>Reason for leaving (be specific):</b>		
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:</b>		
<b>May we contact this employer?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>Company:</b>	<b>Name of Last Supervisor:</b>	<b>Hrs/Week</b>
<b>Address:</b>	<b>Start Date-End Date</b>	
<b>Phone Number:</b>	<b>Last Job Title:</b>	
<b>Reason for leaving (be specific):</b>		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer?  Yes  No

Do you have any family that works at Greene-Sullivan Special Education Cooperative?

Yes  No

If yes, who? \_\_\_\_\_

Did someone refer you to this position?

Yes  No

If yes, who? \_\_\_\_\_

References (Please include personal & professional references)

Person/ Position	Phone Number	Address	Business/School

Signature:

Date: