

# GREENE & 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 <sup>st</sup> _____	_____
2 <sup>nd</sup> _____	_____
3 <sup>rd</sup> _____	_____

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 and State \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

### COLLEGES ATTENDED

Name, City and State	Dates Attended	Degree Conferred	
		Date 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 \_\_\_\_\_

Credentials 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
SUPERVISED TEACHING (Beginning Teachers Only)							

### 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 of

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 standpoint 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

#### APPLICANT'S STATEMENT

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

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#### AFFIDAVIT

	Yes	NO
Are you presently under contract? For school year _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you been denied a certificate or had one revoked?	<input type="checkbox"/>	<input type="checkbox"/>
*Do you have any physical or emotional impairments, diseases, or ailments which will affect your job performance?	<input type="checkbox"/>	<input type="checkbox"/>
* 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



**BACKGROUND INFORMATION STATEMENT  
AND RELEASE OF CLAIMS:**

PLEASE READ CAREFULLY AND DO NOT SIGN UNLESS YOU  
UNDERSTAND AND AGREE TO EACH OF ITS PROVISIONS

**General Information**

Employment with Greene-Sullivan Special Education Cooperative requires continued compliance with established standards of conduct. These standards are based upon the Cooperative's duty to protect its students and employees and provide an example of acceptable adult behavior for its students.

The information provided in this statement is an important part of your application for employment. Any material omission in it will disqualify you from further consideration for employment or termination if you are employed.

Arrests, criminal charges and convictions will be considered based upon established administrative guidelines and qualification standards and essential functions of the position applied for. A copy of the administrative guidelines on the use of this information is available to you upon request. An affirmative answer to a question in this background statement will not be an automatic bar to employment.

If you have any doubt about whether a particular incident or circumstance should be fully disclosed in this statement, you should err in favor of disclosing and explaining the circumstance.

**Pre-employment Questions**

Please answer each of the following questions completely and accurately. Attach and label separate sheets of paper necessary to answer each question.

Have you ever been discharged, asked to resign from a prior position, or resigned from a prior position without being asked, but under circumstances involving your employer's investigation of an incident which could have resulted in your being discharged?

Yes ☐ No ☐ If yes, explain the circumstances on a separate sheet and attach it to this application.

Has your conduct ever been the subject of an investigation into a violation of state or federal law? For the purpose of this question "state or federal law" includes laws prohibiting violation of civil rights, discrimination based on sex, race, disability, religion or national origin and harassment based on these characteristics.

Yes ☐ No ☐ If yes, please explain fully and provide names of persons involved, dates and status.

Have you ever been arrested for, charged with, indicted for or convicted of a crime?

Yes ☐ No ☐ If yes, please provide the following for each incident:

- What was alleged?
- By Whom?
- Who Investigated?
- What was the result of the investigation?

Have you ever been sued or named in an administrative agency complaint (such as the Equal Employment Opportunity Commission of the Indiana Civil Rights Commission) for any act related to your employment?

Yes ☐ No ☐ If yes, please describe fully on a separate sheet.

**I AFFIRM UNDER PENALTY OF PERJURY THAT INFORMATION PROVIDED BY ME IN RESPONSE TO THESE  
PRE-EMPLOYMENT QUESTIONS IS TRUE AND COMPLETE.**

**Authorization to Obtain Information**

For the consideration of my application for employment by Greene-Sullivan Special Education Cooperative, I authorize the Director of the GSSEC or his/her designee to investigate my background and employment history, including, but not limited to, inquiring as to my performance on prior jobs, reference checks and obtaining criminal history and driving history information.

I authorize my former employers, supervisors, my references and local, state and federal law enforcement agencies to cooperate fully in providing this information. I also agree to cooperate fully as necessary to obtain this information.

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Information above needed to complete criminal history check only.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver of Claims**

For consideration of my application for employment by Greene-Sullivan Special Education Cooperative, I acknowledge the legitimate business need for the Cooperative to fully investigate my background and employment history in the application process. I also acknowledge the importance of the full and truthful participation of those persons having information about my background and employment history in this process.

I, therefore, release Greene-Sullivan Special Education Cooperative and those providing truthful information in this process, as well as their agents, officers, attorneys and employees in their official and individual capacities, from any and all claims, demands, liabilities and causes of action including, but not limited to, a claim for defamation, slander, libel and invasion of privacy except to the extent that they have intentionally provided false information or represent un-investigated information as verified.

**TO THE APPLICANT: THIS IS A WAIVER OF CERTAIN TYPES OF CLAIMS THAT MAY NOW EXIST OR MAY  
LATER ARISE AGAINST PERSONS AND ORGANIZATIONS INVOLVED IN THE INVESTIGATION OF YOUR  
BACKGROUND. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT OR DO NOT MEAN TO  
AGREE TO IT IN ALL RESPECTS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_