

The Institute for Effective Education
APPLICATION FOR DIRECT-SERVICE PARAPROFESSIONAL EMPLOYMENT

The Institute for Effective Education is an equal opportunity employer.

Employment will be based on information in this application. A job interview and other information may be necessary to determine your qualifications.

NAME:	Last	First	Middle Initial	CONTACT:	Daytime Phone	Cell Phone	Email
ADDRESS	Street			City	State	Zip Code	

Have you applied for employment with TIEE before? YES NO If yes, when? _____

Have you worked with children and/or adolescents? YES NO If yes, for how long & in what setting? _____

If "yes" did the individuals have disabilities? YES NO If yes, please describe the disabilities _____

Have you worked in a school or other instructional setting? YES NO If yes, how long & in where? _____

Check the group with which you prefer working. Put a dot in the one(s) with which you will not work. Primary ; Elementary ; Adolescent ; Young Adult .

Do you have the legal right to work in the United States? YES NO .

Do you have computer and/or software skills? YES ; NO ; Artistic skills? YES ; NO ; Musical skills? YES ; NO .

Identify any courses taken in child development or behavior management
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Have you passed 20 (or more) units of academic / technical school work beyond high school? YES <input type="checkbox"/> ; NO <input type="checkbox"/> IF YES, please provide following:			
Name and Address of school	Major/Courses Taken	Date completed	Degree (if app)
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Your most recent employer: _____	Address: _____	City: _____	ST: _____
Telephone #: _____	Your Title/Position: _____	Supervisor's name: _____	
How long were you employed there: _____		Reason for leaving: _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," please explain: _____			

EMPLOYMENT HISTORY: List second most recent position first. Use back of page if necessary. List internships and/or practicums only if related to desired position.			
Name and telephone # of employer	Job title and responsibilities	Supervisor	Start/Stop Dates
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Have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," please explain: _____
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Identify any special talents or qualifications you think you have that will assist you in working with children or adolescents.

Are you able to perform the essential functions of the job with or without accommodation?

My signature attests to my belief that the information I have given on this application is true and gives my permission for any necessary verification. I hereby agree that this employment application does not constitute an offer of employment. I further agree and understand that, if I am hired by The Institute for Effective Education, my employment will be on an "at will" basis, and can be terminated by either me or The Institute for Effective Education at any time for any reason with or without cause. I also understand that the "at will" nature of my employment relationship, assuming that I am hired, cannot be changed except in writing signed by the Executive Director of Programs and Personnel after receiving approval of the Board of Directors.

SIGNED: _____ DATE: _____