

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

The Institute for Effective Education is an equal opportunity employer.

You may submit a resume to supplement but not to replace the information requested on this application.

Have you applied for employment with TIEE previously? Yes No If so, when? _____

Position for which you are applying? CLASSROOM TEACHER: REGULAR Education SPECIAL Education SINGLE Subj (specify): _____
 DAY CARE TEACHER: OT/APE/PE: SPCH/LANG: COUNSELOR:
 PREFERRED AGE GROUP: Preschool Primary Elementary Adolescent Young Adult/Transition
 Applicable CALIFORNIA CREDENTIALS/LICENSES: _____

| | | | | | | |
|----------------|--------|-------|----------------|----------------------------|------------|---------------|
| NAME | Last | First | Middle Initial | CONTACT INFORMATION | | |
| | | | | Day Telephone | Cell phone | Email address |
| ADDRESS | Street | | City | State | Zip Code | |

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 No 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 |
|----------------------------------|--------------------------------|------------|------------------|
| | | | |
| | | | |

Have you ever been fired or asked to resign from a job? Yes No If "yes," please explain: _____

PROFESSIONAL EDUCATION: List schools from which you obtained degrees.

| Name and Address of School | Major | Date Completed | Degree Received |
|----------------------------|-------|----------------|-----------------|
| | | | |
| | | | |

PROFESSIONAL REFERENCES: At least one person should be a recent supervisor of your professional activities.

| Name | Address | Telephone |
|------|---------|-----------|
| | | |
| | | |

Is there any age group with which you do not prefer to work? Primary Elementary Adolescent Young Adult/Transition
 Do you have a 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 special qualifications you believe you have concerning the position for which you are applying.

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: _____