

Application for Non-Certified Employment

Greene-Sullivan Special Education Cooperative

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

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

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

SSN:	DOB:
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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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High School:	Graduation Date:
Other Schooling:	

Work Experience

Company:	Name of Last Supervisor:	Hrs./Week
Address:	Start Date-End Date	
Phone Number:	Last Job Title:	
Reason for leaving (be specific):		
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		
Company:	Name of Last Supervisor:	Hrs/Week
Address:	Start Date-End Date	
Phone Number:	Last Job Title:	
Reason for leaving (be specific):		

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

May we contact this ☐ Yes ☐ No
employer?

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: