JAMP Special Education Services 251 W. 2nd St. P.O. Box 107

251 W. 2nd St. P.O. Box 107 Grand Chain, IL 62941 Phone: 618-634-9800

Fax: 618-634-9864

APPLICATION FOR JAMP SPECIAL EDUCATION SERVICES

	y.			
	Date:	==		
Name:	Social Security:			
Home Address:				
City:	State:	Zip:		
Home Phone:				
Name of High School from w	shiah was anadwatad.			
Year of graduation:	rhich you graduated:			
Year of graduation:				
Year of graduation:	following Illinois educational certificates: _ (s) held: (if none go to next question)	-		
Year of graduation: hold, or will qualify for, the College or University degree(following Illinois educational certificates: _	-		

Expected graduation date:	De	egree		
Institution When could you begin work? _				
NOTE: Attach the most curren				
Approximate semester hours in	areas you are qualified	to teach or pro	vide servic	es:
Subject or Service				Sem. Hrs.
Subject or Service				Sem. Hrs.
Subject or Service			::	Sem Hrs.
Student Teaching:				26
School	Dates	to	·	Sem. Hrs
School	Dates	t	0	Sem. Hrs
Previous Teaching Experience: Name and Location of School	Grades or Subjects	Dates No	o. of Years	Reason for Leaving
Previous Non-Teaching Work E	Experience: Job description	Dates No	. of Years	Reason for Leaving
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References:		
Name	Address	Official Position
Additional Information:		
	information that you feel would be pertinent to talents, abilities, personal philosophy, career p	
,		
	Signature of Applicant	Date
* Candidate will be required to ha	ave a criminal history background check, physical and TE	3 test.
* Falsifying an employment appli and being charged with a misdem	ication is a Class A misdemeanor for any certified individeanor.	ual risking both penalties of non-employment
political affiliation, armed forces	ces will not discriminate on the basis of race, color, creed liability, physical handicap, or social or economic status by State and Federal Civil Rights Laws.	

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