

A Recent Photograph  
is Desirable  
BUT NOT  
Necessary

**NORTHEAST INDIANA SPECIAL EDUCATION  
COOPERATIVE**

**1607 E. Dowling St.  
Kendallville, IN 46755  
Phone (260) 347-5236  
1-800-589-5236  
Fax (260) 347-1657**



- Please read and complete carefully and accurately.
- Include a vita or resume.

Date of Application \_\_\_\_\_

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Phone	Social Security No.		

Have you filed an application with us before? Yes _____ No _____ When? _____ Under what name? _____	Have you been interviewed by a representative of our school corporation? Yes _____ No _____ Where? _____ When? _____
Use numerals 1, 2, 3, etc. to indicate order of preference of levels in which you wish to teach	<input type="checkbox"/> Primary <input type="checkbox"/> High School <input type="checkbox"/> Intermediate <input type="checkbox"/> Part-Time <input type="checkbox"/> Middle School <input type="checkbox"/> Substitute

For what position do you wish to apply?

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Language/Speech Impairment	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Blind or Low Vision	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Cognitive Disability Mild/Moderate/Severe	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Other Health Impairment	
	<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Orthopedic Impairment	

Teaching Certificate(s)	Number	Expiration Date	State

STUDENT TEACHING					
Dates		Subjects or Grade Level	Supervising Teacher	Address	Phone
From	To				

FOR OFFICE USE ONLY			
Application _____	Interview Dates _____	Interviewer _____	Board Approved _____
Credentials _____	_____	_____	School/Subject _____
Transcripts _____	_____	_____	Salary _____
References _____	_____	_____	Replacing _____

**EDUCATIONAL AND PROFESSIONAL TRAINING**

Please list, in order of attendance, all educational institutions attended.

Name of Institution	Location	From Date	To Date	Degree	Major	Minor

**TEACHING EXPERIENCE (In Chronological Order)**

Inclusive Dates		School	Location		Grade and Subject	Name of Principal
From	To		City	State		

ENTER TOTAL NUMBER OF YEARS OF FULL TIME TEACHING EXPERIENCE USE EXTRA SHEET IF MORE SPACE IS NEEDED

**REFERENCES**

Please give five references, especially superintendents or principals under whom you have taught, who can give first-hand knowledge of your character, personality, scholarship, and teaching ability.

Name	Title	Address	Phone

**SUPPLEMENTARY INFORMATION**

What significant experiences have you had working with children?

Please list the student activities or sports that you feel competent to direct.

Have you ever been convicted of a felony?  
 If yes, please explain by confidential letter. Yes \_\_\_\_\_ No \_\_\_\_\_

The above information is true and correct.

\_\_\_\_\_  
 Written Signature

\_\_\_\_\_  
 Date

**DIRECTIONS:** Please answer each of the questions below as best you can. The space provided should be adequate; but if more space is needed, please attach additional pages.

**1. Why did you want to become a teacher?**

**2. How do you decide what it is that should be taught in your class?**

**3. What do you think will provide you the greatest pleasure in teaching?**

**4. Describe the characteristics of an outstanding teacher.**

**5. A parent tells you that what you are teaching his child is irrelevant to the child's needs. How would you respond?**

**6. What are your personal goals?**

**7. What are your sources of ideas?**

**8. In teaching a class, do you have an outline that you follow?**

**9. How do you determine what students do well?**

**10. What are your strengths? What contribution do you feel you can make to education?**

## SUPPLEMENTAL PRE-EMPLOYMENT INFORMATION AND AFFIRMATION

By your signature below you hereby acknowledge that all information contained in this application is correct, true and complete to the best of your knowledge and belief. You further agree to contact Northeast Indiana Special Education Cooperative and correct any statement contained herein and discovered to be untrue or incomplete prior to any employment in the Northeast Indiana Special Education Cooperative. In the event of employment, it is understood that any false or misleading information given in this application or interview(s) or any omission of information shall be sufficient cause for immediate dismissal.

By your signature below you authorize Northeast Indiana Special Education Cooperative to review your employment history including, without limitation, reference checks and to seek the release of investigative information possessed by any private or public employer or any local, state or federal agency. You further authorize all persons, firms, corporations, educational institutions and organizations of any kind to release to the Northeast Indiana Special Education Cooperative any and all information, files or records pertaining to this application and to permit inspection and to furnish copies of any documents pertinent to this application. You further authorize any and all persons in any capacity to answer any and all questions in any form that may be submitted to them concerning this application.

By your signature below you expressly waive, in connection any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that you might otherwise have against Northeast Indiana Special Education Cooperative, its agents and officials or against any provider of such information.

Should Northeast Indiana Special Education Cooperative employ you, this application will become part of your personnel file.

By your signature below you acknowledge that nothing herein should be construed as an offer or guarantee of employment by the Northeast Indiana Special Education Cooperative, irrespective of the result of any investigation. Any false or misleading information on any part of this application shall be fully sufficient grounds to refuse employment and/or for termination of contract.

---

Signature

---

Date

---

Printed Name

**NORTHEAST INDIANA SPECIAL EDUCATION COOPERATIVE**

**PRE-EMPLOYMENT INFORMATION RELATIVE TO  
APPLICANT'S CRIMINAL HISTORY**

Please respond to the following questions with the understanding that any false or misleading responses shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

\_\_\_\_\_ Yes \_\_\_\_\_ No 1. Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of a felony or misdemeanor more serious than a minor traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No 2. Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving physical or sexual abuse of any person or any other crime of moral turpitude (an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor)?

\_\_\_\_\_ Yes \_\_\_\_\_ No 3. Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any of the following offenses involving children:

- a. Rape as defined in I.C. 35-42-4-1;
- b. Criminal deviate conduct as defined in I.C. 35-42-4-2;
- c. Child molesting as defined in I.C. 35-42-4-3;
- d. Child exploitation as defined in I.C. 35-42-4-4;
- e. Vicarious sexual gratification as defined in I.C. 35-42-4-5;
- f. Child solicitation as defined in I.C. 35-42-4-6;
- g. Incest as defined in I.C. 35-46-1-3
- h. Child selling as defined in I.C. 35-46-1-4;
- i. Child seduction as defined in I.C. 35-42-4-7; or
- j. Sexual battery as defined in I.C. 35-42-4-8.

\_\_\_\_\_ Yes \_\_\_\_\_ No 4. Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime related to the use, sale or possession of a controlled substance or alcohol, or related to intoxication?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**NORTHEAST INDIANA SPECIAL EDUCATION COOPERATIVE**

**PRE-EMPLOYMENT INFORMATION RELATIVE TO  
APPLICANT'S PREVIOUS JOB PERFORMANCE**

Please respond to the following questions with the understanding that any false or misleading responses shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

- Yes  No 1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer?
- Yes  No 2. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer, or if you offered a resignation, your previous employer?
- Yes  No 3. Have you ever been reprimanded, disciplined, discharged or asked to resign from a prior position?
- Yes  No 4. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of your sexual contact with another person, mishandling of funds or criminal conduct?
- Yes  No 5. Have you ever resigned from a prior position after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated?

If you answered "yes" to any of the preceding questions, please explain, in detail, the circumstances relative to any investigation, discharge, resignation, reprimand or disciplinary action.

Your signature below acknowledges that Northeast Indiana Special Education Cooperative has a legitimate need to consider the employment history, including without limitation, evaluations, criminal arrest and conviction record checks, references and investigative information possessed by any private or public employer or any local, state or federal agency, of all potential applicants prior to employment. Therefore, the undersigned applicant authorizes Northeast Indiana Special Education Cooperative to review, investigate and copy any and all information pertaining to employment from any present or former employers, supervisors or co-workers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# NORTHEAST INDIANA SPECIAL EDUCATION COOPERATIVE

## Adult Behavioral Expectations for Faculty, Staff, and Volunteers

Because of concerns for the safety of our students, we have increased our security measures. In an effort to ensure that individuals who work with our students are indeed suitable for such contact, we ask that you complete this form.

These Adult Behavioral Expectations give faculty, staff, and volunteers the opportunity to reaffirm their commitment and dedication to the well being of young people. When faculty, staff, and/or volunteers sign a copy of this document, individuals are making a collective statement that youth are being treated with respect, dignity, and attention to individual needs.

In my role as a faculty member, staff member, or volunteer, I:

- Accept my responsibility to represent Northeast Indiana Special Education Cooperative with dignity and pride by being a positive role model for youth.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by the Northeast Indiana Special Education Cooperative including all laws related to child abuse and substance abuse.
- Under no circumstances will I allow or consume alcohol or illegal drugs at school events or activities. I understand that use of, or being under the influence of, alcohol or illegal drugs while in the presence of my students and/or at a school program or activity may result in my termination.
- Recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts may be grounds for termination as a faculty member, staff member, or volunteer.
- Respect confidentiality in regard to sensitive issues concerning the students and/or the school.

By signing below, I acknowledge that I have read and agree to abide by the behavioral expectations in this document.

A signed copy of the Adult Behavior Expectations will be kept in the school and/or administrative office.

---

Signature

---

Date

---

Printed Name