

PONTIAC GRADE SCHOOL DISTRICT #429

117 West Livingston Street
 Pontiac, IL 61764
 Mr. Steve Graham, Superintendent
 Phone (815) 842-1533
 Fax (815) 844-5773

APPLICATION FOR TEACHER ASSISTANT

Date:

Last Name	First Name	Middle
Street Address	City, State, Zip	
Home Phone: ()	Social Security Number: _____	
Business Phone: ()	Have you applied for employment with us before?	
	Yes <input style="width: 50px;" type="text"/>	No <input style="width: 50px;" type="text"/>

Have you ever been indicated by DCFS? YES _____ NO _____

EDUCATION

	Name of School	Major	Minor		Degree	Date
College- University						
High School						

Have you received para-professional approval from the Illinois State Board of Education? _____
 (please attach a copy of your approval letter)

Professional or Related Experience

PLEASE LIST ALL PREVIOUS EMPLOYERS

Please give accurate and complete full and part-time employment record. Start with most recent employer.

1	Employer Name _____	Telephone: () _____
	Address _____	Employed From _____ To _____
	Name of Supervisor _____	Salary \$ _____
	Position and Responsibility _____	Reason for Leaving _____

(continued on next page)

2	Employer Name _____	Telephone: () _____
	Address _____	Employed From _____ To _____
	Name of Supervisor _____	Salary \$ _____
	Position and Responsibility _____	Reason for Leaving _____
	_____	_____

3	Employer Name _____	Telephone: () _____
	Address _____	Employed From _____ To _____
	Name of Supervisor _____	Salary \$ _____
	Position and Responsibility _____	Reason for Leaving _____
	_____	_____

REFERENCES

Please list three references (other than relatives)

Name _____	Telephone: () _____
Occupation _____	
Name _____	Telephone: () _____
Occupation _____	
Name _____	Telephone: () _____
Occupation _____	

Signature

Date