

APPLICATION FOR Instructional Aide

Please print all information and answer every question.

		PERSONAL	INFORMATION		
Name	LAST	FIRST	MIDDLE INITIAL	Date	
Address	STREET		CITY	STATE	ZIP CODE
Social Security N	Number		Date of Birth		
Telephone Num	ber(s)				
Email address					
When can you st	tart?	How we	ere you referred to us?		
		POSITI	ON DESIRED		
Position Title:					
Circle One:	FULL TIME		PART TIME	EITHER	
	В	DUCATION.	AL BACKGROUNI)	
	Name and l	Location	Degree or Diploma Obtained	Subject Area	Dates
High School or GED					
College or					
University					
Post-Graduate Studies					
Additional Educational Coursework					
		red; however, i	f you have any of the f	following qualif	fications,
A. 4-vear colleg	re degree(s) in	plines do you hav	 e at least 36 semester units?		
B. Do you hold	l a current Colorado Ce				

	Please list the level(s) and area(s) of endor	License in another state? Yes () No () If yes, what state?rsement (Major/Minor) on your Certificate/License. Please refer directly
	to your license for this information: Levels: Endorsements Levels: Endorsements	
	Have you passed the PLACE or PRAXIS t	rest(s)? Yes () No () Which Test? Testing Date
	EMPLO	YMENT EXPERIENCE
List a Please	all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. sheets as needed even if you submit a resume.
1.	Employed From	To
	Company Name	Your Title
	Address	Your Department
		Supervisor's Phone #
	Supervisor's Name and Title	
	Work Performed	
	Would you like to be notified before we co	
2.	Employed From	To
	Company Name	Your Title
	Address	Your Department
	City & State	Supervisor's Phone #
	Supervisor's Name and Title	
	Work Performed	
	Reason for Leaving	
3.		To
	Company Name	Your Title
	Address	Your Department
	City & State	Supervisor's Phone #
	Supervisor's Name and Title	
	Work Performed	
	Reason for Leaving	
4.	Employed From	To
	Company Name	Your Title
	Address	Your Department
	City & State	Supervisor's Phone #
	Supervisor's Name and Title	
	Work Performed	
	Reason for Leaving	

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Give three or more references who c	an attest to your o	character, personality	and work history.	Do not include family
members or supervisors listed on the	previous page.	1	·	Ž

	Name and Position	Address	Telephone Number
Hav	e you worked or attended school under any	other name?	
	O	THER QUESTIONS	
1.	Has anyone ever accused you of physical al	buse, sexual abuse, or sexual harassment?	VEC. NO
	If yes, give a short explanation of the comp incident leading to the accusation, and the	plaint in the space below. Please indicate the date, a disposition of the matter.	YES NO nature and place of the
2.	Have you ever been convicted of a felony, r	regardless of the disposition of any such matter?	YES NO
		lent in the space below. Please indicate the date, is and your employer at the time, including your emp	nature and place of the
3.	you ever terminated your own employr	orimanded you, disciplined you, or terminated you ment <u>for reasons related to physical or sexual</u> cord, your theft, or your mishandling of monies or	abuse by you, sexual
		gations in the space below. Please indicate the date egations, and your employer at the time, include	
	-		
	-		
	-		
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4.	Please answer the following questions. Att		
	Why are you an ideal candidate to be an Instruc	tional Aide at Thomas MacLaren School?	

How would you describe your ability to assist students with organ	izational tasks?
What has your experience been with working with middle and high	a school students?
Is your strength working with students with academic or behavior	al support?
What do you see as your greatest strengths? What do you see as yo	ur greatest weaknesses?
APPLICANT'S DECLARATION, AUT My answers on this application and on any resume I provide are any false or incomplete information in connection with my a interviews, will be cause for the rejection of my application or the the Employer and its agents to verify any information related to individuals, schools, employers, and law enforcement or go concerning my background, and hereby release any and all of the understand that I will be employed on an at-will basis for an terminate my employment at any time and for any reason.	complete and true. I understand that the submission of pplication whether on this or other documents or in termination of my employment at any time. I authorize my application or resume. I also authorize and direct vernment officials to freely provide any information em from any liability for doing so. If I am employed, I
Date	Print Name
- -	Signature
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For Human Resources Department Use Only

First Interviev	W		erviewer				
		Name of Int	erviewer			Date	
Observation	ns						
Second Interv	riew						
		Name of Int				Date	
Observation	ns						
Employed:	YES	NO	Date of	Employment			
Job Title				_ Hourly Rate/Sal	ary		
Department_				Supervi	isor		
Ву					Da	ate	
J	Name at						