*LIU 18 Para Educator*

*Special Education Certification Program*

*APPLICATION*

Submit along with $10 admission fee to: to **Luzerne Intermediate Unit 18, Attn: Office of Professional Learning, 368 Tioga Avenue, Kingston, PA 18704**

**(Please Print or Type)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | |  |
|  | Last | | First | Middle | | | | Social Security Number |
| *Name you would like on your name tag (e.g., nickname), if different from above:* | | | | | | | |  |
| *Intermediate Unit in Which you live* | | | | | | | |  |
| Present Address | |  | | | |  | | |
|  | | Street | | | | (Area Code) Telephone | | |
|  | |  | | |  | |  | |
|  | | City | | | State | | Zip Code | |
| **Permanent Address** | |  | | | |  | | |
| *Complete only if* | | Street | | | | (Area Code) Telephone | | |
| *different from above* | |  | | |  |  | | |
|  | | City | | | State | Zip Code | | |
| **Act 114 (Federal Criminal History Record) PA ID# (see #3 on p. 4 of this application)** | | | | | | | |  |
| **E-mail Address (if available)** | | | | | | | |  |

**EDUCATIONAL BACKGROUND**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | School or Institution and Location | | Major/Minor | | **Diplomas,**  **Degrees or**  **Credits Earned** | **Grade Point** Average **(GPA)** | |
| High School |  | |  | |  |  | |
| College/University |  | |  | |  |  | |
| College/University |  | |  | |  |  | |
| Graduate Study |  | |  | |  |  | |
| Graduate Study |  | |  | |  |  | |
| CERTIFICATION | | | | | | | |
| list all areas in which you hold valid Pennsylvania and/or out-of-state teaching certificates | | | | | | | |
| **Area of Certification** | | | **Issuing State** | | **Date Issued** | | |
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**EXPERIENCE**

(Present or most recent first)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates | | | Name of Employer and Address | | | | | Your Title |
| From |  | |  | | | | |  |
|  | | | | |
| To |  | |  | | | | |  |
| (Area Code) Telephone: |  | | | |
| Work Performed: | | | | | Reason for Leaving: | | | |
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|  | | | | |  | | | |
| Name & Title of  Supervisor: | |  | | | | Final Yearly Salary: |  | |
| Dates | | | Name of Employer and Address | | | | | Your Title |
| From |  | |  | | | | |  |
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| To |  | |  | | | | |  |
| (Area Code) Telephone: |  | | | |
| Work Performed: | | | | | Reason for Leaving: | | | |
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| Name & Title of  Supervisor: | |  | | | | Final Yearly Salary: |  | |
| Dates | | | Name of Employer and Address | | | | | Your Title |
| From |  | |  | | | | |  |
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| To |  | |  | | | | |  |
| (Area Code) Telephone: |  | | | |
| Work Performed: | | | | | Reason for Leaving: | | | |
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|  | | | | |  | | | |
| Name & Title of  Supervisor: | |  | | | | Final Yearly Salary: |  | |

## REFERENCES

References should include those who have first-hand knowledge of your professional competence and your personal qualifications. **Unless you do not have previous employment experience, you must include the two most recent employers.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **\*R** | **Title** | **Address** | **Telephone** |
|  |  |  |  |  |
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**\*R = Relationship – use the following codes to indicate the relationship to you of the person listed: (CS) Current Supervisor, (PS) Past Supervisor, (FM) Faculty Member, (C) Colleague/Co-worker, (PR) Personal Reference.**

**CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of **Luzerne Intermediate Unit 18** may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this Intermediate Unit. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

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| --- | --- | --- |
|  |  |  |
| Date |  | **Signature of Candidate (in ink)**  **[Must be original]** |

*Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.*