

Interpreter

**Teaching
Assistant**

**Health Service
Assistant**

Employment Application

Midwestern Intermediate Unit IV
N 453 Maple Street
Grove City, PA 16127

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 453 Maple Street
 Grove City, Pennsylvania 16127-2399
 Phone: (724) 458-6700
Teaching Assistant/Health Service Assistant/Interpreter

Last Name _____ First _____ Initial _____

Street _____

City _____ State _____ Zip _____

(Area Code) Phone No. _____ Soc. Sec. No. _____ Date _____

Application for the Position of:

Teaching Assistant Health Service Assistant Interpreter

I am Interested in:

Full Time Yes No **Part Time** Yes No **Day to day, as needed, substitute** Yes No

Note: Full Time Teaching Assistants must be certified as being highly qualified in accordance with the *No Child Left Behind* Act of 2001. In addition to a high school diploma or equivalency, highly qualified teaching assistants must have; 48 credits at an accredited institution of higher education, OR an associate degree, OR a higher degree (i.e. bachelor degree), OR pass the *No Child Left Behind* Local Assessment.

Full Time Sign Language Interpreters must score better than 70% on the Educational Interpreter Performance (EIP) Assessment Examination OR hold licensure from the Office For the Deaf and Hard of Hearing, Pennsylvania Department of Labor & Industry.

Educational Preparation (Include all formal training programs):

Schools Attended	Diploma, Degrees or Credit Earned
Elementary _____	_____
Secondary _____	_____
College _____	_____
Other _____	_____

Enclose original transcripts in a sealed, unopened envelope/copy of diploma/copy of degree

Experience (Present or most recent first):

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

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

Experience (continued):

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

Please Check Below the Skills in Which You Have Had Training or Experience:

- | | |
|---|--|
| <input type="checkbox"/> Registered nurse training | <input type="checkbox"/> Previous experience as a teaching assistant |
| <input type="checkbox"/> Practical nurse training | <input type="checkbox"/> Experience with children or adults having handicaps other than physical |
| <input type="checkbox"/> Assisting physically handicapped children/adults | <input type="checkbox"/> Previous experience as an interpreter |
| <input type="checkbox"/> Experience with deaf children and/or adults | |

Personal Information:

Do you have the use of dependable transportation should it be required to perform job-related activities? Yes No

Have you been convicted of a felony within the past five years? Yes No

References (List at least three):

Name	Address	Position	Telephone

Personal Data:

(Give whatever personal information you wish that might be helpful in the evaluation of your application. Attach additional sheet, if desired.)

Personal Interview:

A personal interview is necessary. Please give the best time for you. Day _____ Hour _____