



APPLICATION FOR EMPLOYMENT: EDUCATIONAL SPECIALIST & THERAPIST

In order to assist us in better understanding your qualifications and interests and to assure the fullest consideration, please provide all of the information requested on this application. Our administrators will review your submitted application and contact you if more information is needed. Thank you.

Applying for the position of _____ Date: _____

PERSONAL DATA

Full Name _____

Address _____ Zip _____

Phone Number _____ Email _____

Permanent address and phone number if the above is temporary:

Religious Affiliation _____ Church Membership _____

EDUCATION

High School _____ City/State _____

College or University	Dates of Attendance	Major/Minor	Degree Received*
-----------------------	---------------------	-------------	------------------

1.	_____	_____	_____
----	-------	-------	-------

2.	_____	_____	_____
----	-------	-------	-------

3.	_____	_____	_____
----	-------	-------	-------

4.	_____	_____	_____
----	-------	-------	-------

5.	_____	_____	_____
----	-------	-------	-------

*If needed, LASE may request an official transcript of your graduate and undergraduate credits be sent from college(s)/university(s).

CERTIFICATION

Area(s) of Certification _____ State _____

Date of Expiration _____

PROFESSIONAL EXPERIENCE

School	Position	Dates (From - To)	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCES OUTSIDE OF EDUCATION

Employer	Position	Dates (From - To)	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER TEACHER/CHURCH RELATED VOLUNTEER EXPERIENCE**PROFESSIONAL REFERENCES (provide at least three)**

Name	Position	Email	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL TESTIMONY

Share a brief testimony of your faith.

PHILOSOPHY OF EDUCATION

Please state your philosophy of special education, and how LASE Specialized Education would benefit from your expertise.

Describe your strengths as a special educator or therapist.

ADDITIONAL QUESTIONS

What additional training have you had in specialized techniques, strategies, curricula or programs? Do you have any specialized certifications (e.g., Orton-Gillingham) and if so, in what?

Why do you wish to serve with LASE Specialized Education?

APPLICANT STATEMENT (Please read carefully)

In consideration of the receipt and evaluation of this application by *LASE Specialized Education*, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge. I understand that providing false or misleading information on this application is grounds for my immediate dismissal, if I am hired.
- I authorize any references, schools, current or former employees, current or former supervisors, churches or denominational agencies, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for employment.
- I hereby release any individual, employer, church, denominational agency or official, reference or any other person or organization both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempt to comply with this authorization, excepting only the communication of knowingly false information.
- I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. A facsimile or photocopy of this authorization shall be valid as the original.

Should my application be accepted, I agree to be bound by the bylaws and policies of *LASE Specialized Education* and refrain from any conduct in violation of such.

I understand and agree that nothing contained in this application for employment or in any pre-employment interview is intended to or shall create a contract between myself and the organization for either employment or the providing of any benefit. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I have read and understand the above provisions and agree to them. This is a legal document and I understand that I have the opportunity to consult with an attorney before signing it.

Signature of Applicant

Date

Submit completed application to info@lutheranspecialized.org or mail to:

**LASE Specialized Education
3558 S. Jefferson Avenue
St. Louis, MO 63118**