

**WINDHAM SOUTHWEST SUPERVISORY UNION  
211 ROUTE 9 WEST  
WILMINGTON, VERMONT 05363  
802-464-1300, FAX 802-464-1303**

**PARAPROFESSIONAL APPLICATION**

Date of Application \_\_\_\_\_

**PERSONAL DATA: (Print Clearly)**

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Last Name	First Name	Middle Initial
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Present Address	Until	Telephone
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Permanent Address \_\_\_\_\_

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Telephone \_\_\_\_\_

How did you learn of this position?    Friend    , Newspaper    , WEB site    ,  
Other    \_\_\_\_\_

For a Position as Paraprofessional at: \_\_\_\_\_  
Town School District

The Federal Law NCLB has defined that paraprofessionals must be designated "Highly Qualified". There are four ways this can happen: Associate's degree, 48 college credits, para portfolio, or pass the ETS ParaPro test.

**APPLICATION PROCEDURE**

1. Complete and submit this application and all related material to Superintendent of Schools at above address.
2. Submit, or have forwarded, at least three letters of reference.

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**PLEASE COMPLETE ALL ITEMS, EVEN IF INFORMATION REQUESTED IS  
INCLUDED ON A RESUME**

**EDUCATION**

Name of School	Dates	# of Years	Degrees: HS _____ Assoc. _____ BA _____
(please check one)			

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**WORK EXPERIENCE (AND SPECIALIZED SKILLS) (attach additional information if necessary)**

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**PERSONAL DATA**

1. When could you begin work here?
2. Have you ever been convicted of any crime other than a minor traffic violation?  
Yes                      No  
If yes, state where, when and disposition of case.

REFERENCES: These should be persons to give any information to show your fitness for the position you seek. Please include superintendents and principals under whom you have taught.

Name	Address	Occupation	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*It is the policy and intent of the Windham Southwest Supervisory Union that no person shall be discriminated against because of color, race, gender, national origin, sexual orientation or on the basis of being handicapped, but otherwise qualified individual.*

**APPLICANT'S STATEMENT**

I understand that the WSSU may contact the Vermont Crime Information Center and conduct personal interviews with my former employers, supervisors, neighbors, friends or others with whom I am acquainted.

I certify that all statements herein are true. I understand that any misstatement or falsification of application information or omission of material facts may be cause for rejection of this application or my dismissal from employment.

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Print Name	Signature	Date
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Please Do Not Write Below this Line

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Years \_\_\_\_\_ Salary \_\_\_\_\_ Date Elected: \_\_\_\_\_ HQ Status: Yes \_\_\_ No \_\_\_