

JOB DESCRIPTION

IN*SOURCE REGIONAL PROGRAM SPECIALIST

ABOUT THE POSITION

The Regional Program Specialist position is a part time position, ranging from 16 to 24 hours per week.

RESPONSIBILITIES

The responsibilities of the Regional Program Specialist include, but are not limited to, the following:

- provide individual assistance to parents and professionals
- conduct parent training workshops
- participate in RPR training workshops
- maintain ongoing contact with RPRs
- participate in revision and dissemination of materials
- conduct outreach and public awareness activities
- perform appropriate record keeping activities
- participate in agency related activities, including regional and statewide conferences

REQUIREMENTS

A post-secondary degree and/or equivalent training and experience is required. The applicant must be knowledgeable about federal and state laws pertaining to the education of infants, toddlers, children and young adults with disabilities. Some travel will be required. Additional requirements include good writing skills, knowledge of basic record keeping, good organizational skills, strong communication skills, problem solving skills, and the ability to work effectively with the general public.

APPLICATION NO. _____

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

NOTE: UNLESS HIRED WITHIN SIX (6) MONTHS, YOU NEED TO RE-APPLY

TO THE APPLICANT: The Indiana Resource Center for Families with Special Needs (IN*SOURCE) is an Equal Opportunity Employer. IN*SOURCE has endorsed without qualification the basic national policy of Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 on Equal Opportunity Employment and Affirmative Action. That policy states that all citizens are entitled to equal opportunities regardless of race, religion, color, age, sex, physical or mental handicap, or national origin in the employment, compensation, promotion, upgrading, training and development, demotion, transfer, lay-off, termination or rehire of personnel.

APPLICATION DATE: _____

PERSONAL DATA:

NAME:	_____	SOCIAL SECURITY #	_____ - _____ - _____
PRESENT ADDRESS:	_____ _____		
HOME PHONE NUMBER:	(____) _____	WORK PHONE NUMBER:	(____) _____
E-MAIL ADDRESS:	_____		
REFERRED BY:	_____		
TYPE OF EMPLOYMENT DESIRED:	(Please check)	<input type="checkbox"/>	FULL TIME
		<input type="checkbox"/>	PART TIME
JOB(S) APPLIED FOR:	1.	_____	
	2.	_____	
DATE AVAILABLE FOR WORK:	_____		
LIST PERSON(S) YOU KNOW WHO WORK FOR IN*SOURCE:			
	1.	_____	
	2.	_____	
	3.	_____	
	4.	_____	
IS THERE ANY REASON YOU MIGHT NOT BE ABLE TO PERFORM ALL DUTIES FOR THE POSITION FOR WHICH YOU HAVE APPLIED?			
	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," describe and explain your work limitations:	_____ _____		

EDUCATIONAL BACKGROUND:

TYPE OF SCHOOL	NAME AND ADDRESS	# YEARS ATTENDED	GRADUATED	COURSE OF STUDY
GRADE				
HIGH SCHOOL				
COLLEGE				
GRADUATE				
BUS./TRADE				
OTHER				

MILITARY SERVICE BACKGROUND:

Have you served in the Armed Forces? YES NO BRANCH: What were your duties (include special training): _____

What were your duties (include special training): _____

EMPLOYMENT RECORD: (List in order, last or present employer first)

EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIBE THE WORK YOU DO/DID: _____

SUPERVISOR: _____ TELEPHONE: (____) _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIBE THE WORK YOU DO/DID: _____

SUPERVISOR: _____ TELEPHONE: (____) _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIBE THE WORK YOU DO/DID: _____

SUPERVISOR: _____ TELEPHONE: (____) _____

REASON FOR LEAVING: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? (Please check) YES NO

If "NO," indicate which one(s) you do NOT wish us to contact. _____

PROFESSIONAL REFERENCES: (Please list individuals we may contact regarding professional references. Exclude IN*SOURCE employees or relatives.)

NAME: _____	TELEPHONE: _____
ADDRESS: _____ _____	
NAME: _____	TELEPHONE: _____
ADDRESS: _____ _____	
NAME: _____	TELEPHONE: _____
ADDRESS: _____ _____	

OCCASIONALLY THE FORM OF AN APPLICATION MAKES IT DIFFICULT FOR THE APPLICANT TO ADEQUATELY SUMMARIZE HIS/HER COMPLETE BACKGROUND. YOU MAY USE THE SPACE BELOW TO SUMMARIZE ANY ADDED INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS. SPECIFICALLY, WHY DO YOU THINK YOU ARE WELL-SUITED TO WORK WITH INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES IN THE JOB FOR WHICH YOU ARE APPLYING?

PLEASE READ CAREFULLY: FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

APPLICANT'S AUTHORIZATION FOR REFERENCE CHECKS

I hereby authorize IN*SOURCE to check references that I have listed on my application/resumé. The reference will be able to release information they may have on record or otherwise concerning me. I hereby release the reference (individual, company or institution, and all individuals connected therewith) from any and all liability from damage that may be incurred in furnishing such information. I further release IN*SOURCE from any and all liability from damage that may be incurred in the receipt of the reference information.

Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between IN*SOURCE and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise is binding upon IN*SOURCE unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that IN*SOURCE retains a similar right.

I acknowledge that I have read the above statement and understand the same.

SIGNATURE

DATE

INDIANA RESOURCE CENTER FOR FAMILIES WITH SPECIAL NEEDS
1703 SOUTH IRONWOOD
SOUTH BEND, INDIANA 46613
(574) 234-7101
(800) 332-4433
insource@insource.org

