

**Return Application to:**

IECE Traineeship Program  
Northern Kentucky University  
245 Johns Hill Road  
Highland Heights, KY 41099

**PART C  
IECE TRAINEESHIP APPLICATION  
Certification and Employment Data**

(To be completed by first-time applicants only  
UNLESS changes occur in your employment status.)

NAME: \_\_\_\_\_  
(last) (first) (middle)

HOME ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

CURRENT DISTRICT OF EMPLOYMENT: \_\_\_\_\_  
Emergency/Probationary \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_  
(ages served)

CURRENT TEACHING CERTIFICATION:  
**(You Must attach a copy if you have a  
current teaching certificate.)**

LEVEL/AREA: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Degree Earned	Name of Institution	Major	Date Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PREVIOUS EMPLOYMENT:**

Teaching Position (Area/Level)	Place of Employment	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

**“VERIFICATION OF EMPLOYMENT STATUS” (MUST BE COMPLETED BY THE SUPERINTENDENT)**

I verify that the above named applicant is employed, or is under contract or agreement, to provide services for three-, four-, or five-year old children for the 20\_\_\_\_ - 20\_\_\_\_ school year. The completion of this coursework by this person is critical to meet an immediate need in the district for personnel trained to work with three-, four-, or -five-year old children with disabilities.

**NOTE: If you are under contract or agreement to provide services, the district superintendent’s signature AND agency director signature or cooperating agency signature are required.**

Please explain: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Superintendent)

\_\_\_\_\_  
If Other Agency, Director

\_\_\_\_\_  
Cooperating Agency

