

# EChOS

## SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE EARLY CHILDHOOD APPLICATION

Applying for Fall \_\_\_\_\_ Applying as Undergrad \_\_\_\_\_  
(indicate year)

I am attending a community college with expected completion date of \_\_\_\_\_

Submit this application even if eligibility requirements are not completed

### Section I:

Applicant

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Cell #: \_\_\_\_\_

Phone#: \_\_\_\_\_

Work#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Section II: Address during the Program\_(city/town)

\_\_\_\_\_

I am a U.S. Citizen? YES or NO (please circle).

### Section III

Are you employed by a School District ? YES NO (circle one) if YES please explain \_\_\_\_\_

Family Members attending or employed in an Elementary school: \_\_\_\_\_

Relatives employed by a school district: Yes or No (circle one)

if yes indicate position and school \_\_\_\_\_

Are you currently employed in an educational setting? \_\_\_\_\_

If so, what is your current job? \_\_\_\_\_

Is there a certified teacher working in your place of employment? \_\_\_\_\_

Please indicate on a separate sheet of paper any experiences with children.

### Section IV

#### BACKGROUND CHECK

I authorize School of Education at Southern Illinois University Edwardsville to request a criminal background check. I understand that the field placements necessary to be recommended for Illinois teaching certification are contingent upon the results of the background check and that I will be charged a fee to cover the cost. I understand that I may be required to provide fingerprints and pay the costs for a more intensive background check. I understand that failure on my part to consent to the background check will result in my dismissal from the teacher education program. I also understand that if I am admitted to the Program, that my background check includes evidence of criminal history, that history could be shared with the school district being considered for placement. I understand that the nature of that history might prohibit me from being placed in a given school district and that the district has the right to refuse me.

Based on the above information, I am eligible to apply for admission to the EChOS Program. I understand that being eligible (or declared) does not guarantee admission. I have read and understand the admission policy. If I am attending institutions other than SIUE, I understand that it is my responsibility to see that the appropriate OCECA advisor receives a transcript of grades prior to my admission to the program. I also understand that it is my responsibility to check with my advisor and review my GPA and test scores that are being submitted to the faculty to verify accuracy. I also understand that I will be charged a fee for criminal background check.

Applicant's Signature

\_\_\_\_\_ Date: \_\_\_\_\_

#### Advisor Only-THIS SECTION

Overall GPA \_\_\_\_\_

SIUE GPA \_\_\_\_\_

ICTS Score: \_\_\_\_\_

Total: \_\_\_\_\_

CI 200 \_\_\_\_\_

(sem/grade) \_\_\_\_\_

Courses Remaining: \_\_\_\_\_

## **PROFESSIONAL STATEMENT**

**Please write a brief autobiography highlighting your experiences working with children and your interest in working in Early Childhood Education. Also include your professional goals. Submission should be limited to one typed page. You may staple this onto your application.**

**Southern Illinois University Edwardsville  
School of Education  
Office of Clinical Experiences, Certification and Advisement**

**ORI# ILL13827S**

**Fingerprint Applicant Form  
Adam Walsh Act**

Please provide the following information (print clearly):

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*Last Name* *First Name* *Middle Initial*

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*Street Address* *City* *State* *Zip*

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*Date of Birth (month/day/year)* *Place of Birth (State of Country if outside USA)*

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*Height* *Weight* *Hair Color* *Eye Color*

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*SIUE Id Number* *Certification Program*

**Race** (circle one):    White        Black        Hispanic        Asian        Native American/Alaskan        Other

**Sex** (circle one)    Male        Female

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Important notice:** I, the undersigned, hereby authorize Accurate Biometrics to capture and transmit my fingerprints and above-noted demographic data to the Illinois State Police (ISP) and the Federal Bureau of Investigations (FBI). I authorize the ISP and FBI to return the results of the fingerprint search to the School of Education. I further agree to allow the School of Education to send a copy of my results to schools/agencies in order to secure field experience placements required for my certification program. I understand that if my background check includes evidence of a criminal history, the nature of that history might prohibit me from being placed in a given school district and that the district has the right to refuse my placement.

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Signature

Date

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**  
SCHOOL OF EDUCATION

## BACKGROUND CHECK INFORMATION

All students entering a teacher education program at SIUE are required to undergo a criminal background check prior to any field placements. Fingerprinting will be available on campus (future dates to be determined).

The process takes approximately 10 minutes. Results are returned to SIUE within 2-3 days. You will be notified *only* if there is a problem with your background check. If you do not hear from us within a week of having your fingerprints taken, you can assume the results are fine.

**Bring the following with you:**

- ◆ **Fingerprint Application Form – Adam Walsh Act** (*completed in advance, please!*)
- ◆ **Payment of \$52\*** (*check, money order, cash or MasterCard/Visa accepted*)

***NOTE: money orders are preferred***

- ◆ **Government Issued Photo ID**

***\*subject to change***

Failure to undergo a background check at this time will delay your field placement. You may not go to your field placement until you have completed this background check.