

Application for Authorization

1. Authorization being applied for: Supervisor Specialist

2. Personal Information

Name: _____

Permanent Mailing Address: _____
Street City/St/Zip

Home Phone: _____ Work Phone _____

Email Address: _____

3. Current Employment Information

Employing Agency: _____

Date of Employment: ____ / ____ / ____

Position Currently Held: _____

EI/ECSE Contractors Name: _____

Immediate Supervisor: _____

Supervisor's Mailing Address: _____
Street City/St/Zip

4. Previous Employment Background

Employer	Beginning / End Date	Position
_____	_____ To _____	_____
_____	_____ To _____	_____
_____	_____ To _____	_____
_____	_____ To _____	_____

5. Educational Information

	Area of Study and Where Completed	Date of Completion
HS:	_____	_____
GED:	_____	_____
AA:	_____	_____
BA/BS:	_____	_____
MA/MS:	_____	_____
PhD:	_____	_____

6. Licensing Information

Type of License Held: _____

Date License Issued: _____

State License Issued: _____

7. Signatures

I hereby submit this workbook and accompanying Portfolio documentation in support of my Application for Authorization.

_____	_____
Signature	Date
_____	_____
Signature of Immediate Supervisor	Date