

### APPLICATION for CERTIFIED STAFF EMPLOYMENT

#### Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name - First Name - MI Month / Day / Year

Address: \_\_\_\_\_  
Street P.O. Box City State Zip

Phone Number(s): Work -- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home -- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Area Code Area Code

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

Position(s) you are applying for: \_\_\_\_\_

Would you accept only a full-time position? Yes \_\_\_ No \_\_\_ Would you accept temporary or part-time? Yes \_\_\_ No \_\_\_

Date Available: \_\_\_\_\_ Length of Resignation Notice Required: \_\_\_\_\_

Felony: Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
If YES, please explain by confidential letter to the Director of Special Education.

Have you lived in Kansas for the last 10 consecutive years? Yes \_\_\_ No \_\_\_

#### Teaching Certificate / Licensure Information:

Do you hold a valid teaching certificate / license in Kansas? Yes \_\_\_ No \_\_\_

If YES: Type -- \_\_\_\_\_ Code No. \_\_\_\_\_ Date Expires: \_\_\_\_\_  
Please attach a copy to this application form. Month / Day / Year

Other Certification / Licensure: Please list any special education or licensure you may hold:

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

#### Education and Professional Training:

	<u>Name of School:</u>	<u>Location:</u>	<u>Diploma / Degree / Specialized Training received:</u> <u>Degree:</u>	<u>Date:</u>
High School:	_____	_____	_____	_____
College / University:	_____	_____	_____	_____
College / University:	_____	_____	_____	_____
Graduate Work:	_____	_____	_____	_____
Business School:	_____	_____	_____	_____
Special School:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

#### References:

Please list 3 references in the space provided. (Please include school administrator(s) under whom you have taught or worked, who have first hand knowledge of your character, personality, scholarships, and teaching / working ability.)

<u>Name:</u>	<u>Title:</u>	<u>Address:</u>	<u>Phone Number:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Work Experience:**

Please list the jobs you have held. List most recent job first –

Name of Firm / Organization:

Address:

Phone Number:

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Please list any special work skills: \_\_\_\_\_

**Teaching:**

Name of School:

Name of Teaching Supervisor:

Address:

Phone Number:

Dates Employed: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**LETTER OF APPLICATION:**

Please include a formal letter of application with this completed form.

**TRUTH OF INFORMATION:**

I hereby certify that the above information is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Interlocal, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the Interlocal now in force or as they may change during my employment, if I am employed by the Interlocal.

In addition, I hereby authorize Brown County Kansas Special Education Interlocal #615 to conduct work history, personal reference, and / or law enforcement record inquiries to determine my acceptability for employment.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Month / Day / Year

**NOTICE TO APPLICANT ON NON-DISCRIMINATION:**

It is the policy of the Board of Education of Brown County Kansas Special Education Interlocal #615 to assure equal opportunity to qualified individuals regardless of their race, religion, color, sex, disability, national origin, ancestry, or age, and to promote the full realization of equal employment opportunities to everyone, as specified by Federal and State laws and regulations.

This policy covers all aspects of the employment relationship including recruitment, hiring, placement, promotion, transfer, training, compensation, layoff, termination, and harassment.

**BCK-SEI OFFICE USE ONLY:**

**Application received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **A.M. / P.M.**

BCK-SEI:s Office Staff Member's Name

Month / Day / Year