

CLASSIFIED STAFF EMPLOYMENT APPLICATION

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:	_____	_____	_____	_____

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Work Experience:

Do you have computer experience? Yes ___ No ___ If YES, please describe: _____

Do you have office work experience? Yes ___ No ___ If YES, please describe: _____

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: _____

Dates Employed: _____ to _____ Reason for Leaving: _____

Please list any special work skills: _____

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.)

Name: _____ Title: _____ Address: _____ Phone Number: _____

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