

4. EDUCATIONAL AND TRAINING DATA

Name and Location of Institution	Dates Attended (mm/yyyy)	Major area of study and number of semester hours	Minor area of study and number of semester hours	Degree	Date Conferred or Expected

Highest Degree Attained: BA/BS/etc. MA/MS/etc. Ed. Specialist/6th yr./etc. Ed.D/Ph.D/etc.

Number of graduate hours beyond your highest degree: _____

Graduate program area of study: _____

List honors, awards or distinctions you have earned: _____

Language proficiency other than English: Do you know any language other than English: No Yes

If Yes, please indicate which language(s) and note your skill level below. _____

Oral Skills (Listening and Speaking) _____

Polite Literate Fluent

Written Skills (Reading and Writing) _____

Polite Literate Fluent

* Polite means being able to greet and exchange pleasantries; indicate or understand an emergency, or uncomfortable situation and ask if an interpreter is needed.

* One is literate if he/she can understand a newscast or read a newspaper.

* One is fluent if he/she speaks and writes the language as well as his/her native language.

5. CERTIFICATION/LICENSURE

Do you hold National Board for Professional Teaching Standards certification? No Yes

Do you hold or anticipate a Kansas license? No Yes, license is anticipated Yes, license is currently held

Are you interested in teaching in the area of special education? No Yes

Are you interested in becoming licensed to teach Special Education? No Yes

Kansas Teacher License ID#: _____

Type of License Held or Anticipated

Types of Kansas Teaching License(s): (Check all that apply)	Initial/Conditional	One Year Nonrenewable	Professional	Provisional	Accomplished
<input type="checkbox"/> Teaching License - (PreK-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teaching License - Early Childhood (Birth-Grade 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teaching License - Elementary (K-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teaching License - Elementary (K-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teaching License - Middle (5-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teaching License - Secondary (6-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teaching License - Secondary (9-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teaching License - Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Endorsement(s) areas you hold:	Grade Level(s) of Endorsement	Special Education Endorsements held: (Check all that apply)
<input type="checkbox"/> English Language Arts	_____	<input type="checkbox"/> Adaptive Special Education (9-12)
<input type="checkbox"/> Science	_____	<input type="checkbox"/> Adaptive Special Education (5-8)
<input type="checkbox"/> Mathematics	_____	<input type="checkbox"/> Adaptive Special Education (K-6)
<input type="checkbox"/> History and Government (SS)	_____	<input type="checkbox"/> Adaptive Special Education (PreK-12)
<input type="checkbox"/> PE/Adaptive PE	_____	<input type="checkbox"/> Functional Special Education
<input type="checkbox"/> Early Childhood	_____	<input type="checkbox"/> Deaf and Hard of Hearing
<input type="checkbox"/> Other List: _____	_____	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Other List: _____	_____	<input type="checkbox"/> Gifted
<input type="checkbox"/> Other List: _____	_____	<input type="checkbox"/> Early Childhood Unified/Special Education

Do you hold an out-of-state certificate/license? Yes No

State of Issue	Certificate/License Type	Number	Expiration Date
_____	_____	_____	_____

List out-of-state approved teaching/administration fields: _____

6. PERSONAL REFERENCES

Name	Address	School or Organization	Relation to Candidate	Years Known	Work Phone	Cell Phone	Email Address

7. GENERAL INFORMATION (REQUIRED)

a. Describe the skills or attributes you believe are necessary to be an outstanding teacher.

b. How would you address a wide range of skills and abilities in your classroom?

c. List any additional information which will help in determining your professional qualifications for a position.

d. **An answer of "yes" to the following questions will not necessarily disqualify an applicant for employment. Please note: Applicants are not obligated to disclose sealed or expunged records.**

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Have you ever been convicted of a criminal offense other than a minor traffic violation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain, giving dates: | | |
| 2. Have you ever had any indicated finding of child abuse filed in your name?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain, giving dates: | | |
| 3. Does your name appear on any Sex Offender Database in any state or country?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a teacher or school administrator's certificate or license denied, suspended or revoked in any state?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain: | | |
| 5. Is disciplinary action pending against you in any state regarding a teaching or administrator's license or certificate?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or been terminated from employment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain: | | |
| 7. Are you eligible to work in the United States?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a retiree from the Kansas Public Employees Retirement System (KPERs)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is there any circumstance which would prevent your regular attendance at work?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation?..... | <input type="checkbox"/> | <input type="checkbox"/> |

- Yes** **No**
- g. Are you currently under contract?
- If Yes, which district? _____ If Yes, when does it expire? _____
- When may your present employer be contacted? _____
- h. Have you obtained tenure status in any other School District in the State of Kansas?
- If Yes, where? _____ If Yes, when? _____
- Have you ever been denied tenure?
- If Yes, please explain: _____
- i. **Certification of Health:** All Cooperative employees are required to submit a certification of health signed by a person licensed to practice medicine and surgery under the laws of any state on a form prescribed by the Secretary of Health and Environment. The physical shall also demonstrate that freedom from tuberculosis has been established by a chest x-ray or negative tuberculin skin test. **Yes** **No**
- Is there any reason you would be unable to provide a certification of health prior to receiving your first paycheck?.....
- j. **Please have a set of your credentials and official transcripts sent to the address below.** Interviews will be arranged by this office, and selection will be made on the basis of merit alone.

Director of Special Education
620 Industrial, P.O. Box 760
Goddard, Kansas 67052
Phone (316) 794-8641

By signing below, the candidate authorizes the Sedgwick County Area Educational Services Interlocal Cooperative #618 to conduct an investigation of candidate to determine whether candidate has been convicted of any criminal or drug offenses, and, upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The Sedgwick County Area Educational Services Interlocal Cooperative #618 may also perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Your signature: _____ Date: _____

The Sedgwick County Area Educational Services Interlocal Cooperative #618 is an Equal Opportunity Employer. The Sedgwick County Area Educational Services Interlocal Cooperative #618 ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, veterans' status or disability. The Sedgwick County Area Educational Services Interlocal Cooperative #618 has a policy of active recruitment of qualified minority teachers and non-certified employees. Any individual needing assistance in making application for any opening should contact the Director of Special Education at (316) 794-8641.

NOTICE OF NONDISCRIMINATION

Applicants for admission and employment, students, parents of elementary and secondary school students, employees, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with Interlocal #618 are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, religion, veterans' status or disability in admission or access to, or treatment or employment concerning Interlocal #618. Any person with questions, concerns, complaints, or requests for additional information regarding compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Title IX of the Education Amendments of 1972 (Title IX), Age Discrimination Act of 1975 (AGE), Section 504 of the Rehabilitation Act of 1973 (Section 504), or Title II of the Americans with Disabilities Act of 1990 (ADA) is directed to contact the Director of Special Education, 620 Industrial, P.O. Box 760, Goddard, Kansas, 67052 - Phone (316) 794-8641. The Director has been designated by Interlocal #618 to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX, AGE, Section 504, and the ADA. Title VI, Title IX, and Section 504 complaints may also be filed with the Regional Office for Civil Rights: Kansas City Office, Office for Civil Rights, U.S. Department of Education, 8930 Ward Parkway, Suite 2037, Kansas City, Missouri 64153

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)

For additional information: 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627 WWW.WAGEHOUR.DOL.GOV U.S. Department of Labor Employment Standards Administration Wage and Hour Division

Basic Leave Entitlement - FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements - Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegrating briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections - During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements - Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition - A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave - An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave - Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities - Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities - Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA protected, the employer must notify the employee.

Unlawful Acts by Employers - FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement - An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State Law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures. WHD Publication 1420 Jan 2009