

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

620 Industrial, P.O. Box 760

Goddard, KS 67052

Phone (316) 794-8641

(AN EQUAL OPPORTUNITY EMPLOYER)

CLASSIFIED APPLICATION FORM

Date of Application _____

Date of Interview _____

1. PERSONAL INFORMATION:

 (Last Name) (First Name) (M. Initial) (Social Security #)

E-Mail Address: _____

Present Address: Street _____ City _____

State _____ Zip _____ Home Phone _____

Work Phone _____

Person to contact
 in case of emergency: _____ Phone _____

2. EDUCATION AND TRAINING DATA

Have you received a high school diploma or GED equivalent?..... Yes No

Name and Location of Institution-Post Secondary	No. of Yrs. Attended	Certificate or License	Degree Received	Date Received

3. POSITION(S) DESIRED INFORMATION (Check all position(s) desired.)

Paraeducator **Secretarial/Clerical** **Other :** _____

Have you ever held a teaching certificate?..... Yes No

District(s) desired: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> USD #262 Valley Center | <input type="checkbox"/> USD #264 Clearwater | <input type="checkbox"/> USD #265 Goddard |
| <input type="checkbox"/> USD #266 Maize | <input type="checkbox"/> USD #267 Renwick | <input type="checkbox"/> USD #268 Cheney |
| <input type="checkbox"/> USD #356 Conway Springs | <input type="checkbox"/> USD #369 Burrton | <input type="checkbox"/> USD #439 Sedgwick |
| <input type="checkbox"/> Chisholm (Wichita) | | |

4. EMPLOYMENT RECORD

Name of Company	Phone # of Company	Supervisor at Company	Description of Position	Employed From/To	OK to contact?	Reason for Leaving

5. PERSONAL REFERENCES

Name and Relationship	Address	Phone	Official Position

6. GENERAL INFORMATION REQUIRED

a. Please provide a statement indicating the reason(s) you want to work in Interlocal #618. Include any background you have had in schools or educational institutions and any other information which you might think applicable but overlooked elsewhere in this application.

b. **An answer of "yes" to the following questions will not necessarily disqualify an applicant for employment. If the answer to any question is "yes", please explain by a confidential letter to the director.**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been convicted of, or are you currently charged with, a crime for other than a minor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a crime involving dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of a crime involving a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a crime involving a child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever entered into a criminal diversion agreement after being charged with any offense described in question 7(b)(1 - 4)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are criminal charges pending against you in any state involving any offenses described in question 7(b)(1 - 4)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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"/> |
| 8. Is disciplinary action pending against you in any state regarding a teaching or administrator's license or certificate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you a retiree from the Kansas Public Employees Retirement System (KPERs)? | <input type="checkbox"/> | <input type="checkbox"/> |

c. 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. Is there any reason you would be unable to provide a certification of health prior to receiving your first paycheck? _____ YES _____ No If yes, please explain:

d. Is there any circumstance which would prevent your regular attendance at work? Yes No
If yes, please explain:

e. **Please send the completed application and any other pertinent information to the address below.** Interviews will be arranged by this office, and selection will be made on the basis of merit alone.

Special Education Office
620 Industrial, P.O. Box 760
Goddard, Kansas 67052

f. The information furnished on this application is true and accurate to the best of my knowledge. Any misstatements or omissions of material facts in this application may be cause for dismissal. I understand that I may be required to take one or more tests (physical examination, drug screening, job related) as a condition of hiring or continued employment.

I expressly authorize the release to the Sedgwick County Area Educational Services Interlocal Cooperative #618, (Cooperative), any records or information which may refer or relate to this application for employment, including, but not limited to, records of educational institutions, reference checks of persons listed on this application, law enforcement or criminal justice agencies, agencies maintaining child abuse records, and previous employers. I hereby release and discharge the Cooperative and any responsible person(s) employed by the Cooperative from any and all claims and liability which I may have or ever claim to have relating to information provided to the Cooperative as part of a background check in connection with this application for employment.

Your signature: _____ Date: _____

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, 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 Larry N. Clark, Director of Special Education, 620 Industrial, P.O. Box 760, Goddard, Kansas, 67052 - Phone (316) 794-8641. Larry N. Clark 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, MO 64114

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 reintegration 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