

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