

**EMPLOYMENT APPLICATION
NON-CERTIFIED POSITION
MARION COUNTY SPECIAL EDUCATION COOPERATIVE #617**

DATE APPLICATION COMPLETED _____

SPECIFIC POSITION(S) APPLIED FOR: _____

PERSONAL DATA

NAME _____
Last First Middle

HAVE YOU BEEN EMPLOYED UNDER A DIFFERENT NAME? NO ___ YES ___ IF YES,

WHAT NAME(S): _____

ADDRESS _____
Street/Box/Route City State ZIP

HOME TELEPHONE # _____ CELL PHONE # _____

BUSINESS TELEPHONE# _____ E-MAIL _____

ARE YOU OVER THE AGE OF 18? YES _____ NO _____

EDUCATION

Please provide the following information concerning your educational background.

	Name	Location	Date Attended	Diploma or Degree
High School	_____	_____	_____	_____
College or University	_____	_____	_____	_____
Business Or Trade	_____	_____	_____	_____
Other	_____	_____	_____	_____

In your own handwriting state:

(1) Why you desire this position

(2) Your greatest asset as an employee

Moral turpitude is an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor. Have you ever been convicted of or pled guilty or nolo contendere to a felony or any offense involving moral turpitude?

YES _____ NO _____

If yes, please explain:

Conviction of a crime is not an automatic bar to employment.

Have you ever been dismissed or asked to resign from employment? YES _____ NO _____

If yes, please explain:

Are you aware of any reason you would not be able to perform the duties required of the position for which you are applying? YES _____ NO _____

If yes, please explain:

WORK EXPERIENCE

Please list work experience in chronological order listing your present employment first.

Dates Inclusive	Name & Address of Employer	Supervisor's Name & Phone Number	Your Job Title
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List any experiences you have had working with children.

FOR SECRETARIAL AND CLERICAL APPLICANTS ONLY:

Do you type? YES _____ Words per minute _____
NO _____

List any computers and or programs with which you have had experience.

REFERENCES

Please list three individuals who can attest to your personal and job related qualities.

Name	Position	Telephone Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSURANCES

I hereby certify that the information that I have provided on this application form to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, I understand that this application and records become the property of Marion County Special Education Cooperative #617, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the district now in force and effect or as they may change during my employment, if I am employed by the district. I also hereby authorize Marion County Special Education Cooperative #617 to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

Signature of Applicant

RETURN APPLICATION TO:

MARION COUNTY SPECIAL EDUCATION COOPERATIVE #617
1500 E. LAWRENCE
MARION, KS 66861

Phone: 620-382-2858

Fax: 620-382-2063

An Equal Employment/Educational Opportunity Agency, the Marion County Special Education Cooperative does not discriminate on the basis of sex, race, color, national origin, disability, or age in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the Cooperative's compliance with Title VI, Title IX, or Section 504 may be directed to the Director of Special Education, who can be reached at 620-382-2858, 1500 E. Lawrence, Marion, KS 66861 or to the Assistant Secretary for Civil Rights, US Department of Education.