## EMPLOYMENT APPLICATION CERTIFIED/PROFESSIONAL POSITION MARION COUNTY SPECIAL EDUCATION COOPERATIVE #617

PERSONAL DATA			DATE:		
NAME:Last	First			Middle	
PREVIOUS NAME(S): _					
PRESENT ADDRESS:					
	Street	City	State	ZIP	
PERMANENT ADDRESS	S:Street	City	State	ZIP	
PHONE:	CELL:	E-MAIL:			
KPERS Retired: Yes	No				
POSITION DESIRED: _					
EDUCATION					
Please provide the following	ng information concernin	g your educational back	ground.		
Name	Location	Dates Attende	ed	Diploma or Degree	
High School					
College or University					

Number of hours earned when BA/BS degree was granted	
Number of hours earned since BA/BS degree was granted	
Number of hours earned when MA/MS degree was granted	
Number of hours earned since MA/MS degree was granted	
Total college hours earned	
Areas of Special Education Certification	Grade Level
In your own handwriting state:	
(1) Why you desire this position:	
(2) Your greatest asset as an employee:	

## WORK EXPERIENCE

Please list work	Please list work experience in chronological order listing your present employment first.					
Dates Inclusive	Name & Address of Employer	Supervisor's Name	Your Job Title			
owes another m right and duty b	is an act of baseness, vileness or ember of society or society in genetween persons, including but no ndecency with a minor.	neral. Moral turpitude is contra	ry to the accepted rule of			
	u ever been convicted of or pled g moral turpitude? Yes		felony or any offense			
Have yo	u ever been convicted of a felony	7? Yes No				
• Have yo	u ever been convicted of a Misde	emeanor? Yes	_ No			
	l yes, please explain on a separa victed and the disposition of the c		ture of the crime, when			
	Conviction of a crime is no	ot an automatic bar to employ	yment.			
Have you ever b	peen dismissed or asked to resign	from employment?	Yes No			
If yes, please ex	plain:					
which you are a Yes	No	ble to perform the duties require	red of the position for			
If yes, please ex	piain:					

## **REFERENCES**

Name	Relationship	Position	Phone Number

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

## **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 the district employs me. I also hereby authorize Marion County Special Education Cooperative #617 to conduct work history, personal reference or police record inquiries and a criminal background check to determine my acceptability for employment.



Thank you for your interest in a Certified position at Marion County Special Education Cooperative #617. In order to complete the application process, please be sure the following items are on file with Marion County Special Education Cooperative #617.

- 1. Official letter of application
- 2. Resume
- 3. Completed application form
- 4. Copy of your college transcript and a set of your official credentials
- 5. Copy of your current teaching certificate

Send all information to: Marion County Special Education Cooperative #617

1500 E. Lawrence Marion, KS 66861-1112

620-382-2858 Fax: 620-382-2063

Marion County Special Education Cooperative #617 does not discriminate on the basis of sex, race, color, national origin, handicap, or age in admission or access to, or treatment or employment in its programs or activities.