## EMPLOYMENT APPLICATION CLASSIFIED POSITION MARION COUNTY SPECIAL EDUCATION COOPERATIVE #617

ERSONAL DATA			Date:	
NAME				
Last		First		Middle
PREVIOUS NAME(S):				
ADDRESS				
Street		City	Sta	ate ZIP
PHONE #	CELL #	l	E-MAIL	
KPERS Retired: Yes	No	Are you o	over the age of 18? Y	/es No
EMPLOYMENT DESIRI	ED			
Position	Date	you can start	Fulltime:	Yes No
EDUCATION				
Please provide the followin	g information co	ncerning your edu	cational background	l.
Name		Location	Date Attended	Diploma or Degree & <b>College Hours</b> Earned
High School				
College or University				
Business Or Trade Other				

Do you meet one of the three following requirements to be considered a Highly Qualified Paraprofessional?

• Passed the Parapro Assessment: \_\_\_\_\_ Yes \_\_\_\_ No (If yes, please provide us with a copy of your test scores)

• Completed at least 2 years of study at an institution of high education (60 quarter hours or 40 semester hours) (Please provide us with a copy of your transcripts)

• Obtained an associate's degree (in an approved program) or higher for licensure. (Please provide us with a copy of your degree and transcripts)

In your own handwriting state:

(1) Why you desire this position

(2) Your greatest asset as an employee

### 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

List any experiences you have had working with children	. List experience working with children who
may have had exceptionalities.	

#### 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

Moral turpitude is an act of baseness, vileness or depravity in the private and social duties that 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\_\_\_\_\_
- Have you ever been convicted of a felony? YES \_\_\_\_\_ NO\_\_\_\_\_
- Have you ever been convicted of Misdemeanor? YES \_\_\_\_\_ NO\_\_\_\_\_

# If you answered yes, please explain on a separate piece of paper. State the nature of the crime, when and where convicted and the disposition of the case.

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:

# 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, police record inquiries and a criminal background check 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.