

**EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION  
P.O. BOX 41, 600 HIGH STREET  
BALDWIN CITY, KS 66006  
(785) 594-2737**

**APPLICATION FOR EMPLOYMENT**

Please complete all requested information. Do not refer to resume. Print or write clearly.

If you have a physical or mental disability and you believe that an accommodation may be necessary for you to complete this application, please state the kind of accommodation which you believe is appropriate:

Date: \_\_\_\_\_

**A. PERSONAL DATA:**

1. \_\_\_\_\_  
Name on Social Security Card Social Security Number

2. **Present Address:**

\_\_\_\_\_  
(Street) (City) (State) (Zip) (Telephone No.)

How can you be reached during the working day?

Phone #: \_\_\_\_\_ Days & Time: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip) (Telephone No.)

**B. EMPLOYMENT PREFERENCE:**

1. Type of Application: Certified: \_\_\_\_\_ Elem \_\_\_\_\_ Sec \_\_\_\_\_ Area

Paraeducator: \_\_\_\_\_ Elem \_\_\_\_\_ Sec \_\_\_\_\_ Either

2. **Kind of Employment:** (a) Full-time \_\_\_\_\_ (b) Part-time \_\_\_\_\_

3. Are you legally eligible to work in the U.S.? \_\_\_\_\_

4. **Preferred District:** \_\_\_\_\_ Baldwin \_\_\_\_\_ Eudora \_\_\_\_\_ Wellsville

**C. ACADEMIC AND PROFESSIONAL INFORMATION:**

1. Are you now under contract? Yes No \_\_\_\_\_ If so, where? \_\_\_\_\_

2. Present annual salary (opt.) \_\_\_\_\_ Expected salary range (opt.) \_\_\_\_\_
3. When are you available? \_\_\_\_\_
4. Why do you wish to leave your present position? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Do you now hold a Kansas Teaching Certificate? \_\_\_\_\_
6. Please list in order of preference the positions for which you are certified:  
 (To Be Completed By Certified Staff Only)
- (a) \_\_\_\_\_ (c) \_\_\_\_\_
- (b) \_\_\_\_\_ (d) \_\_\_\_\_

SCHOOL	NAME & LOCATION OF INSTITUTION	DEGREE (if applicable)
<u>High School</u>		
College	Under _____	
or	Graduate _____	
University	_____	
	Graduate _____	
List College	_____	
credit earned	_____	
since completing	_____	
last degree	_____	

College or University Placement Office where your confidential papers are on file:

\_\_\_\_\_

**D. RECORD OF EDUCATIONAL EXPERIENCE: (For Certified Applicants Only)**

Begin with most recent employment. A year of teaching is at least seven months of regular full-time teaching.

Name of School	Mailing Address City/State/Zip	From - To Date	No. of Yrs. or Months	Grades, Subjects Position
_____				


**E. STUDENT TEACHING OR PRACTICUM EXPERIENCE:**  
 (For Certified Applicants Only) List all areas and cooperating teachers.

Name of School	Address	Area (Grade or Subjects)	Name of Cooperating Dates Teachers

**F. OTHER EXPERIENCE: (For All Applicants)**  
 Begin with most recent employment and include U.S. military service.

Firm or Employer	Address	Kind of Work	Dates of Employment	No. of Years

**F. OTHER EXPERIENCE: (continued)**  
 Please include an explanation of all gaps in time of employment.

Other than vacation and holidays, how many days of work did you miss in the last two years?

**G. REFERENCES:**

List on the following sheet in the spaces provided at least three or more references (not relatives) including administrative and supervisory personnel who have first-hand knowledge of your performance and/or future potential in the area for which you are applying.

Please be sure to provide both work and home numbers, since references are often not available at work numbers during certain times of the year.

Name	Position	Address	Phone Number(s)
			(H) _____
			(W) _____
			(H) _____
			(W) _____
			(H) _____
			(W) _____
			(H) _____
			(W) _____

Your application will be filed according to the type of position(s) for which you are applying. You may inquire as to your employment status after you have supplied all requested information, including credentials (for certified applicants).

(1) Return this application to: East Central Kansas Cooperative in Education  
P. O. Box 41  
Baldwin City, Kansas 66006

(2) Have your Teacher Placement Office send all of your recommendations and credentials to our office. (For Certified Applicants Only)

**NOTE:** This application is valid for one year only from the date of application. Please notify us if you wish to keep this application on file.

**Requirements for Employment:** If you are offered a contract, you must have an official transcript, credentials, a Kansas teacher's certificate and a current health certificate on file with the Cooperative Office before you will receive payment under the contract.

**If you provide false, inaccurate or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.**

I have completed this application to the best of my knowledge and do swear that all information stated herein is

accurate and complete. I, the undersigned, hereby give my permission to East Central Kansas Cooperative in Education, Baldwin City, Kansas, to make job related inquiry of any and all employers and references listed in this application.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Inter-Local #614 does not discriminate on the basis of sex, race, color, national origin, disability, or age when considering applicants for employment. Any questions regarding the Board's compliance with Title VI, Title IX, Americans with Disability Act, or Section 504 may be directed to the local Title IX Coordinator, who can be reached at (785) 594-2737; 600 High Street, Baldwin City, KS. 66006-0041, or the Kansas Title IX Coordinator who can be contacted at (785) 296-2424, 120 S.E. 10th Avenue; Topeka, KS. 66612-1182, or to the Assistant Secretary of Civil Rights, U.S. Department of Education.

**AN EQUAL OPPORTUNITY EMPLOYER**

(See Back Page for Additional Requested Information)

**MOTOR VEHICLE OPERATOR APPLICANTS**

- If you are applying for a para-educator position which may require you to transport students. Please answer the following and provide any necessary explanation.

Do you have a current driver's license for the State of Kansas? \_\_\_\_\_

How many years have you driven? \_\_\_\_\_

Have you had any course or training to help you as a driver? \_\_\_\_\_

Have you ever been denied a license to operate a motor vehicle? \_\_\_\_\_

Has your motor vehicle license ever been suspended or revoked? \_\_\_\_\_

Have you ever been convicted of driving under the influence of drugs or alcohol? \_\_\_\_\_

How many accidents have you had while operating a vehicle over the past three years? \_\_\_\_\_

You may enclose a personal resume if one is available and add any other information that may strengthen your application such as honors won, articles you have written, etc.