

Application for Employment Parents as Teachers

(Please address all correspondence, completed application, resume and credentials to:)

Northeast Kansas Education Service Center

1220 Walnut

Oskaloosa, KS 66066

Phone: (785) 863-3410 / Fax: (785) 863-3143

Name: _____
Title First Middle Last

Present Address: _____ Phone: _____
City _____, State _____ Zip _____

Permanent Address: _____ Phone: _____
City _____, State _____ Zip _____

Professional Address: _____ Phone: _____
City _____, State _____ Zip _____

Email address: _____

Please check the box next to the location(s) at which you prefer to be contacted.

Position(s)/# of year of experience for which you are applying (List in order of your preference)

<u>Position</u>	<u>Years of Experience in Position</u>
1. _____	_____
2. _____	_____
3. _____	_____

The Northeast Kansas Education Service Center 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.

Professional Data

Current Employment: _____

Are you now under contract? _____ Do you have a current PATNC certification? _____

What state did you attend PAT training? _____

Certificate Issue Date: _____

Employment History

<u>School Name & Location</u>	<u>Position</u>	<u>Dates of Employment From – To</u>	<u>Months of Services</u>	<u>Salary Per Yr.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Information

Do you have any health or related problems that may affect your ability to perform basic duties related to the position for which you are applying? _____ If YES, Please explain: _____

_____ YES _____ NO Have you ever been convicted of a felony or crime involving dishonesty or a crime with a juvenile as a victim?

If yes, was your certificate: _____ denied _____ suspended _____ revoked

_____ YES _____ NO Are you legally authorized to work in the United States of America?

Education Data

<u>School Attended</u>	<u>Dates</u>	<u>Degree</u>	<u>Major Field</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of semester hours in major field of study: Undergraduate: _____ Graduate: _____

Number of semester hours in minor field of study: Undergraduate: _____ Graduate: _____

Highest earned degree: _____ Date: _____ Semester hours beyond highest degree: _____

Years of full time teaching experience: _____

References

Please list names and addresses of two character references not listed in your credentials:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list names and addresses of your last three supervisors:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional Data

In your own handwriting, please use the space below to add anything not included elsewhere in your application materials or credentials which you feel will further support your candidacy:

Authorization and Release

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so.

Signature of Applicant

Date