SUMNER COUNTY EDUCATIONAL SERVICES INTERLOCAL, DISTRICT 619

2612 N. A St., Wellington, KS 67152 620-326-8935

Amanda Lowrance, Director

CERTIFIED STAFF APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or the interview process should notify and administrator of SCES Interlocal District 619.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street PO Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Day Time Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Kansas Certification/Licensure areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you met Kansas Precertification teaching requirements? Yes No

Area of Desired Employment:

MR LD ED GIFTED SMD SLP

ADM OT PT VOC/TRANS ECD OTHER

Level: Elementary Secondary K-12 EC Other

UNDERGRADUATE EDUCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University/Location | Credit Hrs. | Education Hrs. | Major/Minor | Degree Received | Date Completed |
|  |  |  |  |  |  |
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GRADUATE EDUCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University/Location | Credit Hrs. | Education Hrs. | Major/Minor | Degree Received | Date Completed |
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STUDENT TEACHING/CLINICAL INTERN EXPERIENCE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School/Agency Location | Dates | Grade Subjects | Semester Hrs | Credit | Supervisors Name/Address/Phone Number |
|  |  |  |  |  |  |
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PROFESSIONAL EXPERIENCE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School /Agency and Location | Dates | No. Years | Full | Part Time | Grade Level/Subject/ Extra Curricular Act. Supervised |
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OTHER SIGNIFICANT EXPERIENCE

Substitute, Internship, Teaching, Etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Experience and Location | Dates | No. Years | Full | Part Time | Responsibilities |
|  |  |  |  |  |  |
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 Complete the following in your own handwriting:

* Describe your approach to behavior management:
* Describe the special educator’s role in inclusionary settings:
* Describe the characteristics of being a good team member:

Please provide a statement indicating the reason(s) you want to work in our schools. Add any information which you think will strengthen your application. If more space is needed, you may add a sheet to the application. Complete in your own handwriting:

* Have you ever been denied a teaching certificate/license or had your teaching certificate/license revoked? Yes No
* Have you ever been convicted of a felony? Yes No This information will not necessarily bar employment. Factors such as age, time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.
* If offered a position with Interlocal District 619, as a condition of employment I understand that I will be required to submit to a physical examination, the cost borne by me. I may be required to take one or more tests including a drug screening or job related test.
* **References:**

**Name Address Phone**

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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **AUTHORIZATION AND RELEASE**

**I HEREBY CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**Yes No**

**I EXPRESSLY AUTHORIZE THE RELEASE TO SUMNER COUNTY EDUCATIONAL SERVICES INTERLOCAL DISTRICT 619 ANY RECORDS OR INFORMATION WHICH MAY REFER OR RELATE TO THIS APPLICATION FOR EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO,RECORDS OF EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCIES, AGENCIES MAINTAINING CHILD ABUSE RECORDS, AND PREVIOUS EMPLOYERS . I HEREBY RELEASE AND DISCHARGE THE EDUCATIONAL AGENCY RECEIVING THIS APPLICATION AND ANY RESPONSIBLE PERSON(S) EMPLOYED BY THE AGENCY FROM ANY AND ALL CLAIMS AND LIABILITY WHICH I MAY HAVE OR EVER CLAIM TO HAVE RELATING TO INFORMATION PROVIDED TO THE EDUCATIONAL AGENCY AS PART OF THIS APPLICATION FOR EMPLOYMENT.**

* This office will arrange interviews and selection will be based on merit. Please have your credentials and official transcripts sent to:

Sumner County Educational Services Interlocal District 619

2612 N A St., Wellington, KS 67152

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Compliance with regulations implementing Title VI, Title IX, Age, Section 504, or Title II of the Americans with Disabilities Act of 1990, Sumner County Educational Services Interlocal, District 619 does not engage in discriminatory practices.