**East Central Special Education Application for Employment**

**16 South 8th Street, New Rockford, ND 58346**

**701- 947-5015 / (Fax) 701-947-5110**

**Applicant’s Name:     Last First Middle Maiden Name**

**Mailing Address­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­:    **

 **Street City State Zip Code**

**Phone - Home:  Cell: **

**Email Address: **

**Social Security Number:  (Note: Completion of number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number will be required on other forms prior to employment.)**

**My signature below authorizes the school district to conduct a background check and authorizes release of information in connection with my application for employment. This background check may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.**

**Furthermore, I certify that I have made true, correct and complete answers and statements of this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission , false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.**

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

**Are you a citizen of the United States? Indicate Position(s) for which you are applying**

[ ]  **Yes** [ ]  **No** [ ] **Para-educator** [ ]  **Custodian**

**Are you a veteran?** [ ] **Other: **

[ ] **Yes** [ ] **No**

**List any non-college special courses you have taken (vocational, technical, etc.):**

****

**State any experience, training or special skills which you think would be of value in this position:**

****

**EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of College Education** | **Name of School or University** | **State** | **Field of Study** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **High School Education** |  |  |  |
|  |  |  |  |

**WORK EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **City** | **State** | **Type of Work** | **Dates of Employment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Month, Day and Year Available for employment: **

**Have you ever been discharged or requested to resign from a position?** [ ] **Yes** [ ] **No**

**Have you ever been convicted of a violation of law other than a minor traffic violation?**

[ ] **Yes** [ ] **No**

**Have you ever had a certificate or license revoked or suspended?** [ ] **Yes** [ ] **No**

**Are any criminal charges or proceedings pending against you?** [ ] **Yes** [ ] **No**

**Have you been convicted of any offensive involving the sexual molestation, physical or sexual abuse, or rape of a child?**

[ ] **Yes** [ ] **No**

**If yes to any of these questions, please explain on a separate sheet.**

**The School District does not discriminate on the basis of race, color, national origin, age, religion, political affiliations, handicapping conditions, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.**