

EDUCATION

High School		City and State	Degree Attained	
			<input type="checkbox"/> Diploma <input type="checkbox"/> GED or equivalent <input type="checkbox"/> No Diploma or GED	
Dates Attended	College, University, or Technical School and Location	Area of Study	Hours Earned	Date conferred or expected
From				
To				
Dates Attended	College, University, or Technical School and Location	Area of Study	Hours Earned	Date conferred or expected
From				
To				
Dates Attended	College, University, or Technical School and Location	Area of Study	Hours Earned	Date conferred or expected
From				
To				

Highest degree attained _____

Credits beyond the highest degree _____

Why are you interested in this position?

List additional experience, not previously mentioned on this application, where you worked with children or disabilities.

PROFESSIONAL REFERENCES (please do not include relatives)

Name	Organization	Relationship	Years Known	Phone Number
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HISTORY (Answer All)

Have you ever been discharged or forced to resign from employment or resigned as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were a claimant/plaintiff?

Yes No

(If yes, on a separate page identify the employer and describe the circumstances)

Are you eligible to work in the United States? Yes No

TEACHERS

MN File folder # _____

Expiration date _____

Areas of current licensure _____

Have you ever been refused tenure or a continuing contract? Yes No

Have you ever had a teaching license revoked or suspended? Yes No

If you do not have a MN license, are you eligible?

Yes No

Have you applied for a MN License?

Yes No

Are you currently under contract?

Yes No

For Teachers:

In accordance with M.S. 123B. 03, Subd. 1a, anyone applying for a position must provide information regarding all current and previous disciplinary actions in Minnesota and other states taken against the applicant's teaching license as a result of sexual misconduct or attempted sexual misconduct with a student. Intentionally submitting false or incomplete information is a ground for dismissal. Please attach pertinent information.

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

In accordance with Minnesota State Statute 123B.03, criminal background checks will be conducted for applicants who receive an offer of employment. The cost of this criminal background history check shall be paid by the applicant.

1. I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.
2. I further affirm my knowledge and agreement that falsified information or significant omission either on the application or during an interview
 - a) may disqualify me from further employment consideration, or
 - b) constitute statutory grounds for immediate discharge.
3. I understand, acknowledge, and agree that no offer of employment will be final or binding until it has been approved by the Southern Plains Education Cooperative Board of Directors. I understand that until such approval has been given by the Southern Plains Education Cooperative, the Southern Plains Education Cooperative will not be liable for any reliance I may have on any oral or written offers of employment made to me.
4. **CONSENT TO REQUEST INFORMATION**
I hereby authorize the Southern Plains Education Cooperative to contact any and/or all previous employers, references or other sources of data listed in this application or derived therefrom as it deems reasonably necessary to arrive at an employment decision. I understand that the Southern Plains Education Cooperative will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my electronic authorization.

_____ Yes _____ No

4. **CONSENT TO RELEASE DATA**
I hereby authorize any and all previous employers, references or other sources of data listed in this application or derived therefrom, to release and provide to the Southern Plains Education Cooperative any and all requested data which the Southern Plains Education Cooperative deems reasonably necessary to arrive at a decision regarding my employment.

_____ Yes _____ No

“I certify that I have provided true and complete information to the best of my knowledge with regard to the statements listed above. I understand that false or misleading information constitutes grounds for discharge. I further understand that any offer of employment is contingent upon my providing a license and passing a physical examination if required by the District. The cost of the examination is my responsibility. Verification of information contained in this application is authorized.”

Applicant Signature

Date

VETERAN'S PREFERENCE: If you are a veteran or the spouse of a deceased or disabled veteran and wish to claim veteran's preference, you must present a legible photo copy of your DD214 to the Southern Plains Education Cooperative office. If your claim is approved and you have received a passing score on the hiring point system, veteran's preference points will be added if you are a disabled veteran.

Check to indicate your desire to utilize Veteran's Preference Points. Your DD214 must be submitted within 7 days.

**The Southern Plains Education Cooperative is an
Equal Opportunity Employer**