

# Consolidated Unified School District #101

205 S Main, PO Box 137, Erie, KS 66733  
(620) 244-3264 FAX (620) 244-3664

## Application for Employment Para Educator

<b>PERSONAL INFORMATION</b>					
----- Last Name			----- First Name		----- Middle
----- Address		----- City		----- ST	----- Zip
----- Home Phone		----- Cell Phone		----- Email Address	
Are you a U.S. Citizen?    Yes    No			Have you even been convicted of a felony?    Yes    No		
If selected for employment, are you willing to submit to a pre-employment drug screening test?    Yes    No					
<b>EDUCATION</b>					
SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR	
<b>Other training, certifications or licenses held:</b>					
<b>EMPLOYMENT HISTORY</b>					
Current or Previous Employer:-----					
Address -----			Phone -----		
Dates Employed: From ----- to ----- Position -----					
Duties Performed: -----					
-----					
Supervisors Name and Title: -----					
Reason for leaving:-----					
-----					
Previous Employer:-----					
Address -----			Phone -----		
Dates Employed: From ----- to ----- Position -----					
Duties Performed: -----					
-----					
Supervisors Name and Title: -----					
Reason for leaving:-----					
-----					
Previous Employer:-----					
Address -----			Phone -----		
Dates Employed: From ----- to ----- Position -----					
Duties Performed: -----					
-----					
Supervisors Name and Title: -----					
Reason for leaving:-----					

Do you have any experience as a Para Educator?    Yes    No    If Yes, please list details of your Para Educator experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a minimum of 48 college credit hours?    Yes    No

Do you have any physical/medical/mental limitations that could prevent you from performing the job you are applying for?    Yes    No    If Yes, please list \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been terminated or suspended from previous employment because of a positive drug or alcohol test?    Yes    No

Do you have Blood-Borne Pathogen Training?    Yes    No    If Yes, when \_\_\_\_\_

Are you familiar with the requirements of FERPA and the Kansas Student Data Privacy Act?    Yes    No

Do you have a certain age of students that you would **NOT** be comfortable working with?    Yes    No  
 If Yes, what age groups (for example, high school, middle school, elementary, pre-school): \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been employed by CUSD #101?    Yes    No    If Yes, when: \_\_\_\_\_  
 Please list your duties: \_\_\_\_\_  
 \_\_\_\_\_

<b>REFERENCES - Minimum of Three (3)</b>			
<b>NAME</b>	<b>TITLE</b>	<b>COMPANY</b>	<b>PHONE</b>

If hired by CUSD 101, you agree to:

- Attend all required in-service and training sessions deemed necessary by the district and/or state levels.
- Provide a current health certificate to keep on file.
- Support the educational philosophy and mission statement of CUSD 101.
- Adhere to all CUSD 101 policies, all State laws, and all Federal laws.
- Conduct yourself in a professional manner and help provide a positive learning environment for students.
- Accept changes in your class and/or building assignment as deemed necessary by administration.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize CUSD 101 to investigate all statements contained in this application and any supporting documentation, as needed, to help support the employment decision process.

In the event of employment, I understand that false or misleading information in my application, in my supporting documentation, or given during my interview(s) may result in immediate dismissal.

I understand that a background check may be conducted which includes, but is not limited to, criminal, motor vehicle and military records.

Signature of Applicant: \_\_\_\_\_

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

**FOR DISTRICT USE ONLY:**

Date Application Reviewed: \_\_\_\_\_ Department : \_\_\_\_\_

Date Submitted for Background Check: \_\_\_\_\_ Date of pre-employment drug screening \_\_\_\_\_

Interview: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date