**North Central Special Education Cooperative**  
1200 S Jay St  
PO Box 1148  
Aberdeen, SD 57401

***Employment Application***

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Middle Initial | Date |
| Social Security Number |  | Home Phone |  |
| Permanent Address |  | Cell Phone |  |
| City | State | Zip Code |  |
| Position Desired | | Email Address | |
| How did you learn of our opening? | | | |

**Are you a Veteran of the United States Military or a spouse of a Veteran?\_\_\_\_\_Y or \_\_\_\_\_N  
If yes, please list service dates and discharge status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever applied for employment with the North Central Special Education Cooperative before? \_\_\_Y or \_\_\_N  
If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
On what date would you be available for work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been convicted of a crime? \_\_\_Y or \_\_\_N. If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please note that all prospective employees will be required to have a criminal background check prior to employment.*

**EDUCATION**Please list your educational history, including graduate level work, beginning with the most recent experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School/College | Location | Course of Study | Dates Attended | Degree, if any |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SPECIALIZED TRAINING:**Please list any specialized training that you have which may be appropriate or applicable to the position you are applying for.  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORD OF EMPLOYMENT**Please provide information about past employers beginning with your most recent employer.

|  |  |
| --- | --- |
| 1. Employer Name | Employer Phone |
| Employer Address | Dates of Employment |
| Name and Title of Immediate Supervisor | |
| Job Title and Description of Duties | |
| Reason for Leaving | |

|  |  |
| --- | --- |
| 2. Employer Name | Employer Phone |
| Employer Address | Dates of Employment |
| Name and Title of Immediate Supervisor | |
| Job Title and Description of Duties | |
| Reason for Leaving | |

|  |  |
| --- | --- |
| 3. Employer Name | Employer Phone |
| Employer Address | Dates of Employment |
| Name and Title of Immediate Supervisor | |
| Job Title and Description of Duties | |
| Reason for Leaving | |

May we contact the employers listed above? \_\_\_Y or \_\_\_N If no, please indicate, by number those which you do not want us to contact.\_\_\_\_\_\_\_\_\_\_Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**Please provide three references with knowledge of your work experiences.

|  |  |  |
| --- | --- | --- |
| 1. Name | Company | Phone Number |
| 2. Name | Company | Phone Number |
| 3. Name | Company | Phone Number |

Please provide two personal references who are not related to you.

|  |  |  |
| --- | --- | --- |
| 1. Name | Relation | Phone Number |
| 2. Name | Relation | Phone Number |

|  |
| --- |
| **Please give a brief statement as to why you would like to be an employee for the North Central Special Education Cooperative.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**INFORMATION FOR THE APPLICANT**

Thank you for your interest in the North Central Special Education Cooperative. We will give your application prompt consideration.

**Background Check.** All new employees shall be subject to a criminal background check.

**Nondiscrimination Statement.** The North Central Special Education Cooperative is an equal opportunity employer. It is the policy of the North Central Special Education Cooperative not to discriminate on the basis of sex, race, color, national origin, creed, religion, marital status, status with regard to public assistance, age, or disability, in its educational programs, activities or employment policies as required by federal and state laws and regulations.

**The information provided in this Application for Auxiliary Employment is true, correct, and complete. I understand that, if I am employed, any misstatement or omission of fact on this application may result in my dismissal.**

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

RETURN THIS APPLICATION TO:

**North Central Special Education Cooperative Or Email: becky.erickson@k12.sd.us  
Becky Erickson**

**NCSEC Director  
1200 S Jay St  
Aberdeen, SD 57401**