

*Three Lakes Educational Cooperative  
Interlocal # 620*

Phone: 785-828-3113  
Fax: 785-828-3671  
[threelakes@three-lakes.org](mailto:threelakes@three-lakes.org)

1318 Topeka Avenue  
Lyndon, KS 66451

Kathy Mickelson, Ed.D.  
Interim Director

Dear Paraeducator Applicant:

Thank you for applying for a paraeducator position with Three Lakes Educational Cooperative. We appreciate your interest in working with students who have special needs.

Applications will be reviewed as paraeducator positions in our schools become open or a new paraeducator position is approved. At that time, applicants who expressed interest in working in the district where the opening exists and have met application requirements may be contacted for an interview.

If you are interested in being a paraeducator substitute, please contact our personnel clerk to complete paperwork. Your name will be included on the TLEC Substitute Paraeducator Contact List.

Thank you for your application and interest in our Cooperative.

Sincerely,



Kathy Mickelson, Interim Director  
Three Lakes Educational Cooperative

USD 287 West Franklin • USD 420 Osage City • USD 421 Lyndon  
USD 434 Santa Fe Trail • USD 454 Burlingame • USD 456 Marais des Cygnes Valley

Equal Opportunity Employer

# **Instructions for Completing Paraeducator Application for Three Lakes Educational Cooperative**

Dear Applicant:

The Paraeducator Application is comprised of 3 pages:

- Paraeducator Application
- Affidavit of Continuous Residency
- Applicant Job Application Acknowledgements

Please fill in all areas completely and accurately. The Affidavit of Continuous Residency requires the witnessing of your signature by a Notary Public. You may also submit a resume along with the application form. If you have a college degree, please include a copy of your college transcript.

Submit the completed application to:

**Three Lakes Educational Cooperative  
1318 Topeka Avenue  
Lyndon, Ks 66451**

Thank you for your application and interest in working for Three Lakes Educational Cooperative.

Three Lakes Educational Cooperative  
1318 Topeka Avenue  
Lyndon, KS 66451

## PARAEDUCATOR APPLICATION

Location for which you are applying: \_\_\_\_\_ Date of Application: \_\_\_\_\_

1<sup>st</sup> Preference: \_\_\_\_\_

2<sup>nd</sup> Preference: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

S.S.# \_\_\_\_\_

### SCHOOLS ATTENDED:

High School: \_\_\_\_\_

Graduated  GED   
(Please check one)

Vocational/Technical School: \_\_\_\_\_

College: \_\_\_\_\_

Degree or Hours \_\_\_\_\_

### WORK EXPERIENCE:

Employer/Supervisor	Company/Address	Dates	Duties

### WORK-RELATED REFERENCES:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### EXPERIENCES WITH CHILDREN:

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

# Affidavit of Continuous Residency

State of Kansas  
County of Osage

I, \_\_\_\_\_, of lawful age and being first duly sworn on my oath, allege and state as follows:

1. That I have been a permanent resident of the State of Kansas for the past \_\_\_\_\_ years.
2. That I have resided at the following addresses for the last 10 years: (List more recent first)

Address (Street Address, City, and Zip Code)	From	To

\_\_\_\_\_  
Name

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My appointment expires: \_\_\_\_\_

## APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

1. I certify that all of the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
4. Have you ever been convicted of a felony?  Yes  No
5. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release you from all liability for any damages that may result from your doing so.

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Signature of Applicant

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Date