

**Dear Applicant:**

The following pages contain the application for a certified position with Three Lakes Educational Cooperative. We appreciate your interest in our Cooperative and will be pleased to receive your completed application.

1. Print and complete the entire application and submit to our central office at the following address: **Three Lakes Educational Cooperative, 1318 Topeka Ave., PO Box 627, Lyndon, KS 66451**. A resume may also be submitted with the application.
2. Submit or request transcripts of college hours and degrees conferred.
3. Request that placement papers (if registered with a placement office) be sent.
4. Submit a copy of teaching certificate/license(s)/registrations(s) as applicable.
5. Request that the three reference forms be completed and then returned directly to Three Lakes Educational Cooperative (the address appears at the top of the form). A space has been provided for the name of the individual who will complete the form, as well as your name and the position for which you are applying.
6. Complete and return the enclosed Affidavit of Continuous Residency and Applicant Job Application Acknowledgements, as required by Kansas law.

Applications will be reviewed only after all of the above items have been completed and received by the Director.

Please note that at the time of hire, the submission of a copy of your Kansas Teaching Certificate and a health examination will be required in order for the Cooperative to be in compliance with Kansas state law. In addition, a KBI background check may be run on any new hires that have not lived in the State of Kansas continuously for the last ten years.

Thank you for your application and interest in our Cooperative.

Director  
Three Lakes Educational Cooperative

# Three Lakes Educational Cooperative

(An equal opportunity employer)

P.O. Box 627  
1318 Topeka Avenue  
Lyndon, KS 66451  
Phone: 785-828-3113  
Fax: 785-828-3671



(Do Not Write here)

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## APPLICATION FOR CERTIFIED PERSONNEL

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Present Address: \_\_\_\_\_  
(Street) (City)  
\_\_\_\_\_  
(State) (Zip Code) (Phone Number) (Cell Phone)

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

Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(If different from above) (Street) (City)  
\_\_\_\_\_  
(State) (Zip Code) (Phone Number)

FOR POSITION OF  
(List grades and/or subjects and levels in order of preference)

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

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

3<sup>rd</sup> preference: \_\_\_\_\_

Date of candidate's availability for teaching: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**PERSONAL DATA**

Condition of health for past three years: \_\_\_\_\_  
\_\_\_\_\_

How many days have you been absent from work during the past three years because of illness? \_\_\_\_\_  
\_\_\_\_\_

Do you have hearing or sight problems? \_\_\_\_\_  
\_\_\_\_\_

Place of birth: \_\_\_\_\_  
(City and County) (State)

**EDUCATIONAL DATA**

School Attended and Location	Inclusive Dates	Degree and/or Hours	Major Field	Workshop or Seminars
High School				
College/ University				
College/ University				
College/ University				

Number of semester hours in major field: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Number of semester hours in minor field: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

College Honors and Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College Placement Bureau where your credentials are available: \_\_\_\_\_  
\_\_\_\_\_

What activities can you sponsor or coach? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROFESSIONAL DATA

Current employment: \_\_\_\_\_

Are you now under contract? \_\_\_\_\_ If so, when does contractual obligation expire? \_\_\_\_\_

Are you certified to teach in Kansas? \_\_\_\_\_ If no, will you complete certification requirements by Aug. 15<sup>th</sup>? \_\_\_\_\_

Subject(s) and level(s) for which you are (will be) certified:

Subject	Level

Professional memberships: \_\_\_\_\_

## CHRONOLOGICAL TEACHING RECORD

(Include Student Teaching if new or recent graduate)

Date Mo/Yr	School District and Location	Teaching Duties	Annual Salary	Reason for Leaving

List names and addresses of your past immediate supervisors and include Student Teaching Supervisor(s) if new or recent graduate.

Name	Position	Address: Street City / State / Zip Code	Telephone

## OTHER WORK EXPERIENCE

Employer and Location	Duties	Months	Dates

## **ADDITIONAL DATA**

State briefly your reasons for wishing to teach in Three Lakes Educational Cooperative #620.

Please mention here anything not included elsewhere in this application which you feel will further support your candidacy.

## **NOTE**

Application cannot be considered complete until transcript and credentials are on file in Three Lakes Educational Cooperative #620.

Three Lakes Educational Cooperative #620, Lyndon, Kansas, does not discriminate on the basis of race, color, national origin sex, age or handicap in admission or access to, or treatment or employment in its programs and activities. If you have questions regarding the above, please contact:

Director  
Three Lakes Educational Cooperative #620  
1318 Topeka Avenue  
Lyndon, KS 66451

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1318 Topeka Avenue  
PO Box 627  
Lyndon, Kansas 66451  
Phone – 785-828-3113  
Fax – 785-828-3671

\_\_\_\_\_ has applied for a position as \_\_\_\_\_

with Three Lakes Educational Cooperative. All information will be used in a professional and confidential manner. Please use the following code in marking the boxes in front of each item:

3 (highest), 2, 1.5 (unable to evaluate), 1 (lowest).

- \_\_\_\_\_ 1. Leadership ability
- \_\_\_\_\_ 2. Professional commitment
- \_\_\_\_\_ 3. Willingness to do more than minimal requirements
- \_\_\_\_\_ 4. Working relationship with others
- \_\_\_\_\_ 5. Observance of employer policies and procedures
- \_\_\_\_\_ 6. Self-concept
- \_\_\_\_\_ 7. Realistic and appropriate expectations of others
- \_\_\_\_\_ 8. Written expression
- \_\_\_\_\_ 9. Oral expression
- \_\_\_\_\_ 10. Planning ability
- \_\_\_\_\_ 11. Behavior management ability
- \_\_\_\_\_ 12. Interpretation of diagnostic information
- \_\_\_\_\_ 13. Curriculum knowledge and application
- \_\_\_\_\_ 14. Ability to work with students of diverse ethnic and socioeconomic backgrounds
- \_\_\_\_\_ 15. Communication with parents

In what relationship do/did you know the applicant? \_\_\_\_\_

Date from \_\_\_\_\_ to \_\_\_\_\_

Would you employ applicant in such a position? \_\_\_\_\_ yes \_\_\_\_\_ no

Supplementary comments: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Occupation \_\_\_\_\_

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Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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# 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. 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