



# Southeast Area Cooperative

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

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

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are you certified/licensed in South Dakota? YES  NO  Provide certificate/license number and expiration date: \_\_\_\_\_

Have you ever been the subject of a complaint or been disciplined by a court or licensing board in any state? YES  NO  Are you under contract with another educational cooperative or school for 2017-2018 school year? YES  NO

Are you willing to submit to a background check? YES  NO  Are you at least 18 years of age? YES  NO

Have you ever been convicted of a crime? (do not include minor traffic violations) YES  NO  If yes, explain: \_\_\_\_\_

Are you claiming veteran's preference? YES  NO  If yes, indicate branch and discharge date: \_\_\_\_\_

## Education

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

## Previous Employment

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

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

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

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the Southeast Area Cooperative discovers the violation of its policy regarding application form dishonesty.

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

*I acknowledge that a position within the cooperative is a position of public trust and I specifically authorize the Board of Directors, or its agents, with respect to this application to contact my references, to investigate my background, and to make such other inquiries as is deemed relevant to assess my qualifications for the position. I authorize former employers, my references or any other person contacted by the Board or its agents in investigating the merits of my application to disclose personnel records and appraisals of my performance or information about my qualifications for the position and release them from any liability for such disclosure.*

*Each person over eighteen years of age, hired by the Cooperative or is employed by an entity which provides the member district direct or indirect student services shall be required to submit to a criminal background investigation. Completed fingerprint cards will be submitted to the SD Division of Criminal Investigation. If no statutory disqualifying record is identified at the state level, then the fingerprints shall be forwarded to the FBI for a national criminal history record check. The Cooperative will pay any fees charged for the cost of fingerprinting or the criminal background investigation.*

*If you believe the criminal background result is incorrect or incomplete in any respect and you wish changes, corrections or updating of the alleged deficiency, you should make application directly to the agency which contributed the questioned information. Challenges can be directed to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306.*

*I acknowledge the receipt of the "Noncriminal Justice Applicant's Privacy Rights". Information received by the district pursuant to a criminal background check is confidential. Only authorized persons within the Cooperative may access, view or use CHRI.*

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

Return application to: Southeast Area Cooperative, 1109 W. Cedar, Beresford, SD 57004 or Tricia.West@k12.sd.us  
If you have any questions, please call: 605-763-5096

The Southeast Area Cooperative does not discriminate on the basis of sex, race, color, religion, age, national origin or handicap in its programs and activities or employment practices or policies.