



214 N. Kanawha Street  
Beckley, WV 25801  
Phone: (304) 256-4712 Fax: (304) 256-4683

## APPLICATION FOR EMPLOYMENT

(Office Use Only)

**INSTRUCTIONS:**

- Complete and return this application (REQUIRED).
- Provide copy of unofficial transcripts (IF REQUIRED).
- Provide copy of unofficial Teaching Certificate (IF REQUIRED).
- Provide resume and letters of recommendation (OPTIONAL).
- Please print or type all sections (REQUIRED).

*It is the responsibility of the applicant to communicate all relevant information concerning the applicant's qualifications.*

PERSONAL	Last Name:		First:		Middle:		Maiden:		
	Present Address:					Home Phone:		Other:	
	City:		State:		Zip Code:		Email Address:		
	Title of Position Applying For:								
	Type of Position Applying For: <input type="checkbox"/> Professional <input type="checkbox"/> Associate <input type="checkbox"/> Service Position <input type="checkbox"/> Summer Only <input type="checkbox"/> Temporary/Part-Time								
	Are you under contract to another agency or employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.								
	Have you ever been dismissed or asked to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose full explanation.								
	Are you legally authorized to work in the United States without sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No								

EDUCATION	What is your highest level of education attained?				
	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree (AB/BA/BS)	
	<input type="checkbox"/> Master's Degree (MA/MS)	<input type="checkbox"/> Master's+15 additional semester hrs.*	<input type="checkbox"/> Master's+30 add. sem. hrs.*	<input type="checkbox"/> Bachelor's+15 add. sem. hrs.*	
	<input type="checkbox"/> Certified Public Accountant	<input type="checkbox"/> Doctor of Education (Ed. D)	<input type="checkbox"/> Doctor of Philosophy (Ph. D)	<input type="checkbox"/> Master's+45 add. sem. hrs.*	
				<input type="checkbox"/> Doctorate (Other): _____	
	*+15,+30,+45 denotes additional semester credit hours above the degree obtained.				
Do you hold a valid West Virginia Teaching Certificate or any other license or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Year and Type:        s					
Do you hold a valid Teaching Certificate or any other license or certification in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify state(s), Years and Type:					
Has your teaching license ever been denied, suspended, or revoked following allegations of misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose full explanation and documentation.					
High School(s) Attended	Institution, Name and Location		Diploma		
			<input type="checkbox"/> Yes - <input type="checkbox"/> No		
College(s) Attended ( <i>attach additional pages if needed</i> )	Institution, Name and Location		Major	Minor	Degree

Relevant Specialized Training	

WORK EXPERIENCE	Beginning with your current/last position, list in chronological order your work experience. (Attach additional pages if needed.)				
	Position/Title	Address/Location	Dates	Supervisor Name	Phone
					( ) -
					( ) -
					( ) -
					( ) -

REFERENCES	Name/Position or Title	Mailing Address	Phone
			( ) -
			( ) -
			( ) -

Failure to truthfully answer these application questions and fully disclose any modifications to the information provided throughout the hiring process will result in denial of employment.			
If you answer yes to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, and all/any other information that explains the circumstance(s) in detail.			
BACKGROUND CHECK	1. Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender or cancellation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Have you ever been disciplined, reprimanded, suspended, or discharged from any employment following allegations of misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment following allegations alleged misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5. Have you ever been the subject of a formal inquiry, review or investigation of alleged misconduct while employed in an educational or school-related position? Have you resigned an education-based position when you had reason to believe an investigation for misconduct was underway or imminent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6. Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7. Have you ever been arrested, charged with or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported.) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported regardless of disposition.*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* For a YES response to items 5 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1) Judgment Order; <b>OR</b> 2) Final Order; <b>OR</b> 3) Magistrate Court Documentation; <b>AND</b> 4) all other relevant court documentation.			
<b>NOTE: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.</b>			

SIGNATURE	The information provided in this application for employment is true, correct, and complete.
	I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies and other individuals and agencies. I understand that if I am employed, any misstatement, omission of fact, or failure to update information on this application may result in my dismissal.
	By affixing the date, my name/signature, and the last four digits of my social security number I agree this is a legally binding signature.
Date: _____ Applicant Name/Signature: _____ Four Digit Soc. Sec. _____	

**SOUTHERN EDUCATIONAL SERVICES AGENCY**

Southern Educational Service Agency (SESC) staff are employed by the governing council upon recommendation of the chief administrator. No representative or employee of the SESC is authorized to enter into any employment contract or other agreement. SESC staff work under the direction of the SESC chief administrator. Each employee is "at-will," and the employment relationship between the SESC and the employee may be terminated by either party at any time, with or without notice, cause or compensation.

*The Southern Educational Services Cooperative is an equal opportunity employer and applicants for employment are considered solely on the basis of individual qualification and merit without regard to age, gender, race, color, religion, disability, or national origin.*



**SOUTHERN EDUCATIONAL SERVICE AGENCY**  
**EQUAL EMPLOYMENT OPPORTUNITY**  
**QUESTIONNAIRE**

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. The following information will be used solely to evaluate recruitment and examination methods.

The Southern Educational Services Cooperative (SESC) is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose to voluntarily self-identify, you may mark only one of the boxes presented below. Please enter only one number or mark per block – do not use dashes or other punctuation or symbols.

**Your cooperation is essential for us to ensure equal employment opportunity for all job applicants.**

<b>Please complete the following:</b>			
Last Name:	First:	Middle:	
City:	State:	Title of Position Applying For:	
<i>Please mark your referral source:</i>			
<input type="checkbox"/> <b>SESC/RESA Website</b>	<input type="checkbox"/> <b>Monster.com</b>	<input type="checkbox"/> <b>Simplyhired.com</b>	<input type="checkbox"/> <b>Professional Publication</b>
<input type="checkbox"/> <b>Newspaper</b>	<input type="checkbox"/> <b>LinkedIn.com</b>	<input type="checkbox"/> <b>Job.com</b>	<input type="checkbox"/> <b>Walk-In</b>
<input type="checkbox"/> <b>SESC Employee</b>	<input type="checkbox"/> <b>Indeed.com</b>	<input type="checkbox"/> <b>edweek.org</b>	<input type="checkbox"/> <b>Other: _____</b>

**INVITATION TO SELF-IDENTIFY**

<b>Check if the following is applicable:</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose

<b>What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.</b>	
<input type="checkbox"/>	<b>Hispanic or Latino:</b> a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	<b>White (Non-Hispanic/Latino):</b> a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	<b>Black or African American:</b> a person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	<b>Asian:</b> a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	<b>American Indian or Alaska Native:</b> a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander:</b> a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	<b>Two or More Races:</b> a person who primarily identifies with two or more of the above race/ethnicity categories.
<input type="checkbox"/>	<b>I do not wish to disclose.</b>

<b>Check if the following is applicable:</b>	
<input type="checkbox"/>	<b>Veteran</b> - As defined under one or more of the following: <ul style="list-style-type: none"> <li>served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or, was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or</li> <li>who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia &amp; Bosnia); or</li> <li>one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).</li> </ul>
<input type="checkbox"/>	<b>Not applicable.</b>
<input type="checkbox"/>	<b>I do not wish to disclose.</b>

PLEASE RETURN TO: [jlbutcher@k12.wv.us](mailto:jlbutcher@k12.wv.us) or SESC 214 N. Kanawha Street Beckley, WV 25801