



**James River Special Education Unit Cooperative**  
**207 Second Avenue SE**  
**Jamestown, ND 58401**  
**(701) 252-3376 - voice**  
**(701) 251-2504 - fax**



**SUPPORT STAFF APPLICATION**

*Please complete, sign, and return this application form back to the director of JRMSEU.*

\*\* Please request any special accommodations needed for the application or interview by calling (701) 252-3376 and ask for the District Administrator.

\*\* The James River Special Education Unit is committed to a working environment free from discrimination and harassment in all employment and educational programs, activities and facilities. The unit prohibits discrimination and harassment based on a student and/or employee's race, color, religion, sex, gender identity, national origin, ancestry, disability, age or other status protected by law.  
 Follow all directions outlined below and submit to:

James River Special Education Cooperative ATTN:  
 Heidi Budeau  
 207 Second Avenue SE Jamestown, North  
 Dakota 58401

Contact Heidi Budeau at 701-252-3376 or by e-mail at [heidi.budeau@k12.nd.us](mailto:heidi.budeau@k12.nd.us) if you have any questions.

A complete application package **MUST** include the following:

- Letter of interest and introduction
- Completed and signed application form
- A current resume

**Position Applying For**  **Date**

**Last Name**  **First Name**  **Middle**

**Current Address**  **City/State/Zip**

**Permanent Address**  **City/State/Zip**

**Summer Address**  **City/State/Zip**

What address is best for contacting you?

What telephone number is best for contacting you?

**Primary E-Mail Address**

**Check “X” to answer the question below.**

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_  
*Please note that applications are retained for one year in our files from the date of receiving your application.*

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this County because of VISA or Immigration Status? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If YES, proof of citizenship or immigration status will be required.*

Last Name  First Name  application con't – page 2 of 6

What date would you be available to begin working?

Are you available to work: Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Have you been convicted of a felony within the last seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If YES, please explain below.*

**EDUCATION LEVEL**

Level	School Attended	City/State/Zip	Degree	Major	Minor	Dates
Elementary						
High School						
Undergraduate						
Graduate						
Other (specify)						

Indicate any foreign languages you can speak, read, and/or write:

**Describe any specialized training received, apprenticeship experience, skills, etc. that would make you an excellent candidate for this position. Feel free to attach additional pages if needed.**

**Describe any job related training received from the United States Military.**

**Last Name**

**First Name**

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**EMPLOYEMENT EXPERIENCE**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, age, gender, national origin, disabilities or other protected status. *If additional space is needed, feel free to attach additional pages.*

<b>Employer Name</b>		<b>Name of Supervisor</b>	
<b>Employer Address</b>		<b>City/State/Zip</b>	
<b>Telephone</b>		<b>Job Title</b>	
<b>Dates Employed From</b>		<b>Dates Employed To</b>	
<b>Reason for Leaving</b>			
<b>Type of Work Performed:</b>			

<b>Employer Name</b>		<b>Name of Supervisor</b>	
<b>Employer Address</b>		<b>City/State/Zip</b>	
<b>Telephone</b>		<b>Job Title</b>	
<b>Dates Employed From</b>		<b>Dates Employed To</b>	
<b>Reason for Leaving</b>			
<b>Type of Work Performed:</b>			

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<b>Employer Name</b>		<b>Name of Supervisor</b>	
<b>Employer Address</b>		<b>City/State/Zip</b>	
<b>Telephone</b>		<b>Job Title</b>	
<b>Dates Employed From</b>		<b>Dates Employed To</b>	
<b>Reason for Leaving</b>			
<b>Type of Work Performed:</b>			

Last Name

First Name

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<b>Employer Name</b>		<b>Name of Supervisor</b>	
<b>Employer Address</b>		<b>City/State/Zip</b>	
<b>Telephone</b>		<b>Job Title</b>	
<b>Dates Employed From</b>		<b>Dates Employed To</b>	
<b>Reason for Leaving</b>			
<b>Type of Work Performed:</b>			

### WORK AND ACTIVITES

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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### ADDITIONAL INFORMATION

**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.

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**OFFICE STAFF/TEACHER ASSISTANTS/PARA-PROFESSIONALS**

Specialized skills: Check all that apply for which you are qualified or have experience is using.

<b>Hardware</b>	<b>Software</b>	<b>Miscellaneous</b>	<b>Other (list below)</b>
Windows _____	Word Processing _____	Telephone _____	
Macintosh _____	Spreadsheet _____	Calculator _____	
Fax Machine _____	Data Base _____	Copy Machine _____	
Typewriter _____	E-Mail _____	Internet _____	

Last Name

First Name

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**REFERENCES**

In the space below, you are to give names and addresses of at least three individuals, who are familiar with your work, especially prior supervisors you have worked for.

<b>Name of Reference</b>	<b>Address/City/State/Zip</b>	<b>Telephone #</b>	<b>Relationship</b>

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes \_\_\_\_\_ No \_\_\_\_\_

Last Name

First Name

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### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date