



# Associated School Boards of South Dakota

## Application: Membership Services Coordinator

### 1. General

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Social Security (optional) Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Birth Date (Optional): \_\_\_\_\_ Date Available For Employment: \_\_\_\_\_ Veteran (Circle One) Yes No

### 2. Education

*If all requested information is included on an attached resume, you do not need to complete this section.*

Name and Location of Colleges Attended:	Dates: From To	Degree Earned:	Graduation Date:	Major:	Minor:

List all relevant licenses or certificates you possess. Identify any other educational experiences that may be relevant.

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### 3. Work History – list most recent positions held

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Final Salary \_\_\_\_\_

Employer: \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Final Salary \_\_\_\_\_

Employer: \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Final Salary \_\_\_\_\_

Employer: \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

**4. Additional Information. If your answer is yes to any of the following please attach an explanation.**

Has an employer terminated your employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of or pled guilty to any felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

**5. Professional References**

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Street or Box Number: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Street or Box Number: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Street or Box Number: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**6. Questions**

Your concise and candid response to the following questions will be very important. Please respond on a separate attachment.

- A. What are your two most significant accomplishments in the past three years?
- B. What are your 3 best professional attributes for this position?
- C. Why are you interested in this position?

**7. Background checks.**

I authorize the agents of ASBSD, to contact references, to investigate my background, and to make such other inquiries as deemed relevant to assess my qualifications for the position. I authorize former employers, my references or any other person contacted 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.

By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief.

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

**Application Deadline:** position is open until filled, first round of applications should be received by July15, 2022.

**Completed application includes:**

- Letter of application
- Completed application
- Resume

**Interviews:** Following application deadline. Position open until filled

**Starting date:** Negotiable

**Send all application materials and inquiries to:** ASBSD Executive Director, Dr. Wade Pogany, wpogany@asbsd.org or mail to:

**Associated School Boards of South Dakota  
306 East Capital Avenue, Suite 100, P.O. Box 1059  
Pierre, SD 57501-1059  
Phone: 605-773-2500**