

WELLSVILLE UNIFIED SCHOOL DISTRICT NO. 289
602 Walnut Street
WELLSVILLE, KANSAS 66092-8323
Denise O'Dea, Superintendent
785-883-2388 Fax 785-883-4453

SUBSTITUTE TEACHER APPLICATION

Notice to applicant:

It is the policy of the Board of Education of Unified School District No. 289, Wellsville, Kansas 66092, to assure equal opportunity to qualified individuals regardless of their race, religion, color, sex, disability, national origin, ancestry, or age, and to promote the full realization of equal employment opportunities to everyone.

This policy covers all aspects of the employment relationship including recruitment, hiring, placement, promotion, transfer, training and apprenticeship, compensation, layoff, termination, and harassment.

The rate of pay for USD 289 is \$90.00 per day taught or \$50.00 per half day taught. Substitutes for special education classes are paid at a rate established by the special education interlocal.

If you are not longer available to substitute or have any other changes in the information that you have sent to us, please contact our office.

Name _____
(last name) (first name) (middle name)

Address _____
(street) (city) (state) (zip code)

Telephone number _____ Email Address _____

Social Security number _____

Kansas Certificate _____ Expiration Date _____

Emergency Teaching Certificate _____

University Hours and Degrees _____

Teaching Experience _____

Preference of Grade _____

Levels and/or Subjects Qualified to Teach _____

I hereby certify that the above information is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the district which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the district now in force and effect or as they may change during my employment.

I hereby authorize Unified School District No. 289 to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment.

Signature of applicant

Date

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APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

The following statements should be included on all job applications.

1. I certify that all 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.

Signature of applicant

Date

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AFFIDAVIT OF CONTINUOUS RESIDENCY

STATE OF KANSAS)
)
 COUNTY OF FRANKLIN) SS:

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 most recent first.)

| Address (Street Address, Town or City and Zip Code) | From | To |
|---|------|----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

 Name

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

 Notary Public

My appointment expires: _____