

WELLSVILLE UNIFIED SCHOOL DISTRICT NO. 289

602 WALNUT

WELLSVILLE, KANSAS 66092-0537

Denise O'Dea, Superintendent

785-883-2388 (Fax 785-883-4453)

APPLICATION FOR CERTIFIED EMPLOYMENT

Date _____ 20____

Notice to Applicant:

It is the policy of the Board of Education of Unified School District No. 289, Wellsville, Kansas, 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.

(Last Name) (First Name) (Middle Name)

COMPLETE ADDRESS AND PHONE NUMBER:

Present: _____

Permanent: _____

Phone Number(s): _____

E-Mail Address: _____

CERTIFIED POSITION(S) DESIRED:

Elementary _____

Secondary _____

Other _____

EDUCATIONAL AND PROFESSIONAL TRAINING

Type of School	Name of School and Location	Type of Degree
High School	_____	_____
Undergraduate	_____	_____
Graduate Work	_____	_____

Special Work _____

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CERTIFIED EXPERIENCE

Name of School and Location	Administrative Position Grades/Subject Taught	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

List below persons who know about your ability as a teacher and about your general qualifications. Qualification of applicants under consideration may be investigated by correspondence. Five recent references are requested.

NAME AND TITLE	ADDRESS AND PHONE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GENERAL INFORMATION

Do you hold a Kansas Teaching License? _____ Expiration: _____

Teacher License Endorsements: _____

Are you now under contract? _____ Expiration: _____

Present annual salary: _____ Expected Annual Salary: _____

Have you ever been dismissed or asked to resign from employment? _____

If yes, please explain: _____

Why do you wish to leave your present position? _____

Why do you wish to teach in this district? _____

How long do you plan to reside in this area? _____

Do you plan to continue graduate work? _____ If so, in what field? _____
_____ Where? _____

What extra-curricular activities are you willing to direct and/or sponsor? _____

In the event of a vacancy, Unified School District No. 289 will need a completed application on file, a copy of your resume', a copy of your teaching certificate, and your credentials sent to our office. The aforementioned items are needed only in the event of a vacancy.

Have you requested your credentials to be sent to our office? _____

Name of University: _____

Have you been convicted of a felony or a crime involving dishonesty, a controlled substance, or a child?
No _____ Yes _____ (Please submit a certified copy of court order)

Have you ever entered into a criminal diversion agreement?
No _____ Yes _____ (Please submit a certified copy of agreement)

Have you ever had a certificate revoked in any state(s)?
No _____ Yes _____ If yes, what state(s)? _____

Have you ever had a certificate suspended in any state(s)?
No _____ Yes _____ If yes, what state(s)? _____

Have you ever been denied a certificate in any state(s)?
No _____ Yes _____ If yes, what state(s)? _____

AGREEMENT

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, if I am employed by the District.

In addition, 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

WELLSVILLE UNIFIED SCHOOL DISTRICT NO. 289
602 Walnut Street
WELLSVILLE, KANSAS 66092-8323
785-883-2388 (Fax 785-883-4453)

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

WELLSVILLE UNIFIED SCHOOL DISTRICT NO. 289
602 Walnut Street
WELLSVILLE, KANSAS 66092-8323
 785-883-2388 (Fax 785-883-4453)

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: _____