

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

CLASSIFIED STAFF EMPLOYMENT APPLICATION

Notice to applicant:

It is the policy of the Board of Education of Unified School District No. 289, City, State, 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.

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

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

Telephone number _____ Position applying for _____

Would you accept temporary or part-time? Yes _____ No _____

Date available _____

Have you read the job description for this position? No _____ Yes _____ Are you able to perform the essential functions of this position with or without reasonable accommodation? Yes _____ No _____

Have you ever been convicted of a felony? No _____ Yes _____ If yes, please explain by confidential letter. Do not include minor traffic violation(s).

EDUCATION

Name of school	Location	Specialized training received
High School _____		
College _____		
Other _____		

GENERAL INFORMATION

Are you now employed? _____

Present hourly salary _____ Expected hourly 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? _____

WORK EXPERIENCE

Please list the jobs you have held. List most recent job in the first space.

Name of Firm or organization	Address and telephone number	Dates employed	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any special work skills _____

REFERENCES

List below persons who know about your work skills 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 telephone number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AGREEMENT

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 time period should inquire as to whether or not applications are being accepted at that time.

I hereby certify that the above information is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willfull 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: _____