

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

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