

Application For Employment

USD 217 does not discriminate on the basis of race, color, national origin, sex, handicap, or age in administration or access or employment in its programs or activities. Any question regarding compliance with Title VI, Title IX or Section 504 may be directed to the programs coordinator, P.O. Box 167 Rolla KS 67954-0167; Phone 620-593-4344

(PLEASE PRINT)

Positions Applied for	Date of Application
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LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY	STATE
		ZIP CODE
TELEPHONE NUMBER	E-MAIL ADDRESS	SOCIAL SECURITY NUMBER
HOME:	WORK	

Are you between 18 and 70 years of age? Yes No
 If not, please state your age _____

Number of days lost because of illness in the past three years: _____

Are you aware of any reason you would not be able to perform the duties required of the position for which you are applying? Yes No

If yes, Please explain: _____

Have you ever been dismissed or asked to resign from employment? Yes No
 If yes, Please explain: _____

Are you willing to abide by USD 217 Board of Education rules concerning conduct? Yes No

Have you ever been convicted of or pled guilty or nolo contendere to a felony or any offense involving moral turpitude? Yes No

Moral turpitude is an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society in general and which is contrary to the accepted rule of right and duty between persons, including but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor.

(Conviction of a crime is not an automatic bar to employment)

If yes, please explain: _____

Education

	High School				Undergraduate College/ University				Graduate /Professional			
School Name & Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Dates Attended												
Diploma/ Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honor you have received												
State any additional information you feel may be helpful to us in considering your application												

Certification

Teaching (List areas of certification)	
Substitute effective date	
Emergency effective date	

Substitute Teacher applicants only:

Availability (when available to teach)	School Preference Elementary, High school	I would prefer NOT to teach

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

SECRETARIAL/ CLERICAL APPLICANTS ONLY:

Do you type? Yes No

Words per minute _____

List any office machines (including computer, word processing software or equipment) with which you have had experience.

Machine/Software Package	Years of Experience

Employment Experience

Start with present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

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Telephone Number		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

References

NAME	JOB TITLE	ADDRESS(city ,state, zip)	PHONE NUMBER

Applicant's Statement

I agree to the following:

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, terminated.

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 my result from furnishing such information to you. I authorize any background checks by any third party

I authorize you to request, receive, and verify all information given on this application and I release you from all damages that my result fro you doing so.

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.

I 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 hired by the district.

I understand and agree that the board has the option of doing a criminal history records check. The board can terminate employment if the results of the criminal history records check reveal that the administrator has been convicted of any offenses specified in law.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____

Column _____ Step _____ Years Experience _____

By _____
Name and Title Date

NOTES