

UNIFIED SCHOOL DISTRICT #417

17 South Wood Street

Council Grove, Kansas 66846

Name _____ *Social Security No. _____

Present Address _____ Phone No. _____


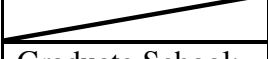


City/State/Zip _____

Permanent Address _____ Phone No. _____

Email Address _____

USD 417 is an equal opportunity employer and does not discriminate in employment, promotion, transfer, wages or salaries, or record keeping on the basis of race, religion, national origin, ancestry, sex, age or handicap.

Education

Type of School	School Name and Location	Dates Attended: From: To:	Degree	Semester Hours
College:				
				
				
Graduate School:				
				
				

Area of concentration in college: _____

In graduate school: _____

Do you have a certificate to teach in Kansas? _____ Expiration date: _____

Certificate Endorsements: _____

If not certified, indicate the certificate type for which you qualify: _____

Total number of years contracted teaching experience: _____

Have you been a Kansas resident continuously for the past 10 years? _____

If you are not a U.S. citizen, do not have a driver's license, or have been convicted of a crime, please explain:

PREVIOUS WORK EXPERIENCE:

(Please provide the following information on your two most recent employers)

Employed Month/Year	Name & Address of Employer	Supervisor's Name Title and Phone No.	Reason for Leaving	Salary
From:				
To:				

Title of your position and duties: _____

Employed Month/Year	Name & Address of Employer	Supervisor's Name Title and Phone No.	Reason for Leaving	Salary
From:				
To:				

Title of your position and duties: _____

May we contact your present employer regarding your qualifications? _____

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.

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.

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.

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.

Employment is subject to a physical examination and the receipt of satisfactory references.

Signature of Applicant _____

Date _____

Please attach a statement in your own handwriting which encompasses the following: Special areas of training, background, or experience; competences or strengths with your employment would bring to USD 417; reasons you might have for wanting to locate in the Council Grove area of Kansas; any preferences you may have for teaching assignment; your expectations for students relative to academic achievement and discipline; and other information which you feel is supportive of your candidacy.