

**OFFICE OF THE SUPERINTENDENT
UNIFIED SCHOOL DISTRICT #417
COUNCIL GROVE, KANSAS 66846**

Name _____ *Social Security No. _____
 Address _____ Phone Number _____
 City/State/Zip _____

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

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

OCCUPATIONAL PREFERENCE:

Secretarial _____ Teacher Aide _____ Cook _____
 Bus Driver _____ Custodial _____ Other _____

Date you could start work: _____ Have you ever worked for USD 417? (If yes, give dates and location) _____
 Have you been a Kansas resident continuously for the past 10 years? Yes No

EDUCATION:

(High School, College Graduate, Secretarial or other Specialized Training)

DATES		Name of School	Location	Degree or Field of Study
From	To			

Other Specialized Training: _____

Extra-curricular activities, hobbies, civic activities: _____

REFERENCES:

Name & Address	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PREVIOUS WORK EXPERIENCE:

(Give complete employment record for the last two employers. Include time in US Military Service, if any.)

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

Description of Duties: _____

May we contact this employer?

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

Description of Duties: _____

May we contact this employer?

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 _____