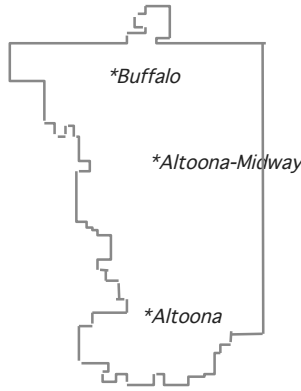


Altoona-Midway Unified School District 387

Altoona-Midway USD 387
Superintendent: Mr. Brent Kaempfe
20584 US 75 Hwy
Buffalo, KS 66717
620-537-7721

Altoona-Midway Elementary School
Principal: Kim Reazin
833 River St., P. O. Box 128
Altoona, KS 66710
620-568-5725 Fax # 620-568-5755



Altoona-Midway High School
Altoona-Midway Middle School
Principal: Darrin Ashmore
Activities Director: Jeff Almond
20704 US 75 HWY
Buffalo, KS 66717
620-537-7711 Fax # 620-537-2641



Certified Staff Employment Application

Date _____

Notice to Applicant:

It is the policy of the Board of Education of Unified School District 387, Buffalo, Kansas, 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 _____
First Name Middle Name Last Name

Address _____
Street City State Zip Code

Birthdate: _____

SSN _____

Phone Number _____

Teaching Position(s) Desired:

Elementary: _____

Secondary: _____

Other: _____

EDUCATIONAL AND PROFESSIONAL TRAINING

Type of School	Name of School and Location	Type of Degree	Dates	Total Semesters in Education
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High School _____

Undergraduate _____

Graduate Work _____

Special Work _____

TEACHING EXPERIENCE

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

Name of School	Location	Grade/Subjects Taught	Dates
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REFERENCES

List below persons who know about your ability 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 PHONE NUMBER
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GENERAL INFORMATION

Do you hold a Kansas Teaching License? Yes No

Expiration: _____

Teacher License

Endorsements: _____

Are you now under contract? Yes No

Expiration: _____

Present Annual Salary: _____ Expected Annual Salary: _____

Have you ever been dismissed or asked to resign from employment? Yes No

If yes, please explain: _____

Why do you wish to leave your present position? _____

Why do you wish to teach in this district? _____

How long do you plan to reside in this area? _____

Do you plan to continue graduate work? Yes No If so, in what field? _____

_____ Where? _____

What extra-curricular activities are you willing to direct and/or sponsor? _____

In the event of a vacancy, Unified School District No. 387 will need a completed application on file, a copy of your resume', a copy of your teaching license, and your credentials sent to our office. The afore mentioned items are needed only in the event of a vacancy.

Have you requested your credentials to be sent to our office? Yes No

Name of University: _____

Agreement

I hereby certify that the information on this application is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. 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, if I am employed by the District.

In addition, I hereby authorize Unified School District 387 to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment. 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