



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you over the age of 18? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this school? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you aware of any reason you would not be able to perform the duties set out in the job description for the position for which you are applying? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Work Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Clerical Applicants (ONLY)

List any office machines, computers, software or other equipment with which you have experience and your years of experience and/or proficiency (i.e. moderate, high, expert, professional).

Machine	Years of Experience/Proficiency

Transportation Applicants (ONLY)

Driver's License Number:
 License Classification
 # Years Driving Experience:
 Defensive Driving Course
 Date:

State:
 Expiration Date:
 Date of Last
 Physical Exam:
 First Aid/CPR
 Course Date:

Have you ever been convicted of any of the following:

- | | | | |
|---|------------------------------|-----------------------------|--------------|
| Felony or Class A,B,or C Misdemeanor? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Hit and run driving? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Vehicular homicide? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Reckless driving? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of or entered into a Diversionary Agreement for DUI? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever had your driver's license revoked or suspended? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |

List any moving violations in the past five years:
 Date: _____ Violation: _____

Disclaimer, Authorization and Signature

I certify that my answers are true and complete to the best of my knowledge. 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 you to request, receive, and verify all information given on this application and I release you from all damages that may result in you doing so.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

**Applicant Authorization for Background Investigation,
Release of Liability, and
Hold Harmless Agreement**

1. I authorize you, or a third party authorized by you, to request, receive, and verify all information given on this application.
2. I authorize you, or a third party authorized by you, to conduct a criminal background investigation using all methods necessary to successfully complete such investigation.
3. I hereby release you, any third party hired by you, and any former employer from whom information is gathered, from all liability for any damages that may result from you doing a verification of any information I have provided to you or an investigation, criminal or otherwise, into my background.
4. I further agree to release, hold harmless and indemnify you (Unified School District No. 463, Cowley County, Kansas), any third party hired by you, and any former employer from whom information is gathered, of any and all liability, claims, demands, causes of action and/or costs, including reasonable attorney's fees, due to any injury as a result of any investigation regarding any background check or other information obtained by the district.

Signature: _____ Date: _____

Affidavit of Continuous Residency

STATE OF KANSAS
COUNTY OF _____

I, _____, of lawful age and being first duly sworn on my oath, allege and

(Name)

state as follows:

1. That I have been a permanent residence of the State of Kansas for the past ____ years.
2. That I have resided at the following addresses for the last 10 years:
(List most recent first)

Address (Street, City & Zip Code)	From and To Dates

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public
My appointment expires: _____