ALTOONA-MIDWAY UNIFIED SCHOOL DISTRICT 387



Certified Staff Employment Application

District Office 20584 US Hwy. 75 Buffalo, KS 66717

Phone: 620-537-7721 Fax: 620-302-2080

Date _____

Notice to Applicant:				
It is the policy of the Board of Educassure equal opportunity to qualifie disability, national origin, ancestry, employment opportunities to every	d individuals or age, and	regardless of their rac	e, religion, color, sex,	
This policy covers all aspects of the placement, promotion, transfer, trai and harassment.				
Name				
NameFirst	Mic	ldle	Last	
Address				
Street	City	State	Zip Code	
Birthdate:	-			
SSN:	Phone Number:			
Teaching Position(s) Desired:				
Elementary:				
Secondary:				

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, resume', a copy of your teaching license, and your credentials sent to our office. The afore mentione needed only in the event of a vacancy.	a copy of your d items are
Have you requested your credentials to be sent to our office? Yes No	
Name of University:	

EDUCATIONAL AND PROFESSIONAL TRAINING

	Type of	Name of School	Type of		Total Semesters	
	School	and Location	Degree	Dates	in Education	
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High School	ol					_
Undergradi	1ate					_
Graduate V	Vork			•		_
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			HING EXPE			-
				MIDI (CD		
Please list t	the jobs you h	nave held. List most recent	nt job in the fi	rst space.		
Name of So	chool	Location	Grade/Sub	jects	Dates	
			Taught			
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			DEFEDENC	and :		
			REFERENC	ES		
List below	persons who	know about your ability	and about you	ır general dı	ualifications Qualifi	cation of applicar
under cons	ideration may	be investigated by corre	spondence Fiv	re recent refe	erences are requested	e and or approar
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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