

Circle Unified School District 375

901 Main, PO Box 9, Towanda, KS 67144 (316)541-2577 Fax (316) 536-2249

Professional Employment Application

Date of Application: _____

Name: _____

SSN: _____

Address: _____

Phone No: _____

City, St, Zip: _____

Alt. Phone: _____

Level of position desired: Elementary Middle School High School

Subject or grade desired:

Position 1: _____

Position 2: _____

Position 3: _____

EDUCATION HISTORY

List most recent first.

Name of Institution City and State	Degree	Years Attended	Year Graduated

Type of Kansas Certificate Held: _____

Type of Kansas Certificate Held: _____

Type of Kansas Certificate Held: _____

TEACHING EXPERIENCE Please explain any gaps in employment

Grade or Subject	Name of District School, City	From (Year)	To (Year)	Total Years	Reason for Leaving

Activities you can sponsor or coach:

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REFERENCES

Please do not use relatives

Name	Address	Phone Number	Official Position

Please provide additional information which you feel is pertinent to this application:

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This application will remain on file for one year unless the applicant asks to have it renewed. All qualified applicants will be considered for appropriate vacancies as they occur.

Have you ever been convicted of a felony? Yes No

If I am elected and accept employment, I will agree to salary placement in accordance in accordance with official verification of my teaching experience and college preparation. 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 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.

I understand that if I am offered provisional employment in the school district that my fingerprints may be taken and a request made for a state and national criminal background check. I further understand that if the results of this criminal history check reveals that I have been convicted of any offense or any attempt to commit any offense specified in K.S.A. 1999 Supp. 72-1397 and amendments thereto that my employment may be terminated without further proceedings and without reference to any other law or employment agreement.

Signature: _____

Date: _____

USD 375 does not engage in discriminatory practices in compliance with regulations, implementing Title VI, Title VII, Title IX, Age, Section 504, or Title II of the Americans with Disabilities Act 1990.
