

RAWLINS COUNTY UNIFIED SCHOOL DISTRICT #105

CLASSIFIED PERSONNEL APPLICATION

205 N. 4th, SUITE #1, ATWOOD, KANSAS 67730

Phone: (785) 626-3236 Fax: (785) 626-3083

NAME _____ DATE _____

PERMANENT ADDRESS _____
(Street or Box) (City) (State) (Zip)

PHONE _____ Email _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

POSITION(S) APPLIED FOR _____

| EDUCATIONAL BACKGROUND | | | |
|------------------------|----------|---------|------------|
| Name of School | Location | Courses | Graduation |
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

| WORK EXPERIENCE - LAST 5 YEARS (list most recent first) | | | | |
|---|------------------------|---------------|------------|--------|
| Employer's Name | Address / Phone Number | Position Held | Dates Held | Salary |
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

| REFERENCES - LIST THREE OTHER THAN RELATIVES | | |
|--|---------|--------------|
| Name | Address | Phone Number |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

| | |
|---|--------------------------------------|
| **COMPLETE THIS SECTION IF THIS APPLICATION IS FOR A BUS DRIVER POSITION** | |
| DRIVERS LICENSE NUMBER _____ | DRIVERS LICENSE CLASSIFICATION _____ |
| HAVE YOU HAD THE FOLLOWING COURSES WITHIN THE PAST 3 YEARS? | |
| FIRST AID COURSE _____ | DRIVER IMPROVMENT COURSE _____ |
| WOULD YOU BE AVAILABLE TO DRIVE DURING THE DAY? _____ IF NOT, WHY NOT _____ | |

An Equal Employment/Educational Opportunity Agency

Unified School District 105 does not discriminate on the basis of sex, race, color, national origin, handicap, or age in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the Board's compliance with Title VI, Title IX, Section 504, or information about the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons may be directed to the Board Clerk, Title IX Coordinator and/or Superintendent, Section 504-ADA Coordinator who can be reached at (785) 626-3236, 205 N. 4th, Suite #1, Atwood, Kansas 67730, or the Assistant Secretary for Civil Rights, U.S. Department of Education.

RESIDENTIAL HISTORY

| Address (Street Address, Town or City, State and Zip Code) | From | To |
|---|-------------|-----------|
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

JOB APPLICATION ACKNOWLEDGMENTS

1. I certify that all the information provided by me in this application is true and correct. 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.
2. I authorize any of the persons or organizations references 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.
3. 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.
4. 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.

If offered a position with USD 105, as a condition of employment I shall submit to a physical examination conducted by a licensed physician.

If offered a position with USD 105, E-Verify will be used to determine that all 1-9 documents submitted are legal.

Date

Signature