TWIN VALLEY SCHOOLS
UNIFIED SCHOOL DISTRICT 240
107 N. NELSON, PO BOX 38
BENNINGTON, KS 67422
WEBSITE: www.usd240.org
PH. 785-488-3325 ~ FAX 785-488-3326
An Equal Employment/Education Opportunity Agency

POSITION APPLIED FOR_____

NAME_____ DATE_____

ADDRESS_____ PHONE (_____)_____-_____

CITY_____ZIP CODE_____EMAIL_____

RECORD OF EMPLOYMENT: List all employment with the most recent position at the top.

		EMPLOYER'S	DATES OF	REASON FOR
POSITION	EMPLOYER	ADDRESS	EMPLOYMENT	LEAVING
1.				
2.				
3.				
4.				
5.				
6.				
7.				

May we contact your present employer(s): _____YES* _____NO

Name*_____ Phone Number_____

Current hourly salary: $_____ Desired salary for open classified position: $_____ Per hour

I prefer: _____Full time _____Part time ____Substituting Date available to start:_____

Are you currently retired under KPERS: _____YES _____NO

Have you ever been convicted of a felony: _____YES _____NO

In addition to your work history, are there other skills, qualifications or experience that we should consider? If so, please list.

_____

_____

_____

_____

REFERENCES: List three adults whom we may contact concerning your abilities and work record.

NAME	ADDRESS	PHONE	NATURE OF ASSOCIATION
1.			
2.			
3.			

CHARACTER REFERENCES: List three additional adults whom we may contact concerning your integrity, reputation, and other personal traits.

NAME	ADDRESS	PHONE	NATURE OF ASSOCIATION
1.			
2.			
3.			

EDUCATION HISTORY: List education institutions you have attended.

SCHOOL	COURSE OF STUDY	DEGREE EARNED
1.		
2.		
3.		
4.		
5.		

APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

1. 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.
2. 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 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 240, as a condition of employment I shall submit to a screening for illegal drugs, the costs therefore to be borne by the board.

_____ _____

Signature of Applicant Date