

# Application For Employment



The Unified District 461 of Neodesha, Kansas does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or access to, or treatment, or employment in its programs and activities.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source  Online  Paper  Other \_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN)

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Phone ( ) \_\_\_\_\_ SSN \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If no, are you authorized to work in the United States?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work?  Full Time  Part-Time  Temporary

Have you ever been convicted?  Yes  No

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Veteran of the U.S. Military Service?  Yes  No

If yes, Branch \_\_\_\_\_

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Education

	High School	College/University	Grad/Professional
School Name			
Years Completed/Degree	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course Of Study			
Describe Specialized Training, Skills, Apprenticeship, and Extra-Curricular Activities			

### Honors Received:

State any additional information you feel may be helpful to us in considering your application.

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# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title			Hourly Rate/Salary Starting Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title			Hourly Rate/Salary Starting Final	
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title			Hourly Rate/Salary Starting Final	
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title			Hourly Rate/Salary Starting Final	
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

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## JOB APPLICANT ACKNOWLEDGEMENTS

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatements, 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 a third party.
3. I authorize you to request, receive, and verify all information given on this application and 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.

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Print Name

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Signature of Applicant

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Date