

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 _____ SOCIAL SECURITY NUMBER _____

POSITION APPLIED FOR _____ Email: _____

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 IMPROVEMENT 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 Janice Knapp, Title IX Coordinator and/or Mark Wolters, 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

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.

Date

Signature