



**EI-Saline Unified School District Number 307**

Phone (785) 225-6813

Fax (785) 225-6815

412 E. Anderson P.O. Box 157 Brookville, Kansas 67425-0157

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Work Preferred: Bus Driver \_\_\_\_\_ Cook \_\_\_\_\_ Custodian \_\_\_\_\_ Secretary \_\_\_\_\_ Other \_\_\_\_\_

Would you accept temporary or part-time? \_\_\_\_\_ Date Available \_\_\_\_\_

Have you ever been employed by USD 307 EI-Saline? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Under what name: \_\_\_\_\_

Have you ever been convicted of a felony or any offense involving moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_.

If so, when, where, and nature of offense: \_\_\_\_\_

Are there any positions for which you should not be considered or job duties you can not perform? \_\_\_\_\_

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

**EDUCATION**

High School/College or University/Other: List schools attended.

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

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Applicants for admission and employment, students, parents, employees, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with the EI-Saline School District are hereby notified that this District does not discriminate on the basis or race, color, national origin, sex, age, or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the EI-Saline School District's compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact Mr. Jerry Minneman, Superintendent of Schools, 412 E. Anderson, PO Box 157, Brookville, Kansas 67425-0157, 785-225-6813, who has been designated by the EI-Saline School District to coordinate the District's efforts to comply with the regulations implementing Title VI, Title IX, and Section 504.

## WORK EXPERIENCE

Please describe the jobs you have held with the most recent one listed first.

Name of Firm or Organization	City & State	Date Started	Date Left	Type of Work or Title	Reason for Leaving	May we use as Reference?

List here any specialized training received and any other information that will give a more complete estimate of your training, experience, character, and ability.

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## PERSONAL REFERENCES

Give names and addresses of at least three people who can vouch for you personally.

Name	Address	Phone

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 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.

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 reveal 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.

If offered a position with USD 307, as a condition of employment I shall submit to a physical examination conducted by a physician of the board's choosing, the costs therefore to be borne by the board. This examination may include a screening for illegal drugs (i.e. CDL holders).

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_