



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

Phone (785) 225-6813

Fax (785) 225-6815

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

# APPLICATION OF

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**UNTIL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PERMANENT ADDRESS (if different from above)** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

## FOR POSITION OF

**SUBSTITUTE TEACHER**     **TEACHER**     **ADMINISTRATOR**

\_\_\_\_\_  
**Indicate Grades or Secondary School Subjects in Order of Preference**

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

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 of 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, (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.

# PERSONAL MESSAGE

State briefly why you desire this particular position.

## REFERENCES

Give five references who have first hand knowledge of your character, personality, scholarship, and teaching ability.

Give references not used on college placement credentials.

Name	Address	Phone Number	Official Position

# GENERAL INFORMATION

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

Kind of Certificate held:

Date of Expiration: \_\_\_\_\_

Valid in Kansas?  Yes  No

When could you begin here? \_\_\_\_\_

Could you come for an interview?  Yes  No

Present Salary: \_\_\_\_\_

Minimum salary you would expect: \_\_\_\_\_

## EXTRA CURRICULAR ACTIVITIES

Please indicate which ones you could teach or sponsor. Indicate training and experience.  
(Debate, school plays, speech, orchestra, vocal, band, football, basketball, track, etc.)

# TRANSCRIPT OF CREDITS

High School: List schools attended.

College: List schools attended, number of hours in various fields. Indicate major, minor, and degrees. **Send transcript of college work.**

Graduate Work - Institutes: List schools attended.

## TEACHER/ADMINISTRATOR EXPERIENCE

Name & Location of Institution	Number of Teachers in System	Grades/HS Subjects or Position	Dates

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** \_\_\_\_\_

(By putting your name here, you are agreeing to the above statements.)