

**APPLICATION FOR EMPLOYMENT**

Unified School District #325  
240 South 7th Street  
Phillipsburg, KS 67661  
785-543-5281

**Position you are applying for:**

\_\_\_\_\_

Name, Address & Phone:  
(Please list phone number  
where you can be reached)

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

Social Security Number: \_\_\_\_\_

**EDUCATION:**

	Name & Location of School	Course of Study	No. Of Years Completed	Did You Graduate	Degree/ Diploma
College					
High School					
Other					

Do you hold a current Kansas Teaching license? \_\_\_\_\_

**TEACHING EXPERIENCE** (for Certified application only):

USD #	Location	Position	Dates employed

**WORK EXPERIENCE:**

Employer & Location	Duties	Dates employed

Please add any additional information which might strengthen your application such as honors, awards and your reason for wanting to be employed in this district. (An additional page may be attached)

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

**REFERENCES:**

List at least three or more references (not relatives) including administrative and supervisory personnel who have first hand knowledge of your performance and/or future potential in the area for which you are applying. (May be left blank if references are included in an attached resume.)

Name	Official Position	Address & Phone

List any student activities or coaching assignments you would be willing and qualified to direct or coach:

\_\_\_\_\_  
Your application will remain on file for one year. It is your responsibility to update and renew your application after one year if a vacancy for which you are certified occurs.

**APPLICANT JOB APPLICATION ACKNOWLEDGMENTS:**

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.

\_\_\_\_\_  
Signature of Applicant (Required)

\_\_\_\_\_  
Date

Return this application and your resume to: Unified School District #325  
240 South Seventh Street  
Phillipsburg, KS 67661

An Equal Employment/Educational Opportunity Agency  
USD #325 does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:  
  
Mr. Michael Gower, Superintendent, 240 S. 7<sup>th</sup> Street, Phillipsburg, KS 67661, 785-543-5281