APPLICATION FOR EMPLOYMENT Unified School District #325 240 South 7th Street Phillipsburg, KS 67661 785-543-5281	Posi	tion you are applying t	for:	
Name, Address & Phone: (Please list phone number where you can be reached)				
 Email Address:				
EDUCATION:	1	No. Of	Did You	Degree/
Name & Location of Sch	nool Course of Study	Years Completed	Graduate	Diploma
College				
High School				
Other				
Do you hold a current Kansas Tea	aching 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. 7th Street, Phillipsburg, KS 67661, 785-543-5281