

Altoona-Midway USD 387
833 River Street PO Box 128
Altoona, KS 66710
Dr. Don Grover, Superintendent
Phone: 620-568-5725, Fax: 620-568-5755
Toll Free: 1-877-596-8556

CLASSIFIED STAFF EMPLOYMENT APPLICATION

Date _____

Notice to Applicant:

It is the policy of the Board of Education of Unified School District No. 387, Altoona, Kansas, to assure equal opportunity to qualified individuals regardless of their race, religion, color, sex, disability, national origin, ancestry, or age, and to promote the full realization of equal employment opportunities to everyone.

This policy covers all aspects of the employment relationship including recruitment, hiring, placement, promotion, transfer, training and apprenticeship, compensation, layoff, termination, and harassment.

Name _____
(Last Name) (First Name) (Middle Name)

Address _____
(Street) (City) (State) (Zip Code)

Phone Number _____ Position Applying For _____

Have you read the job description for this position? Yes No Are you able to perform the essential functions of this position with or without reasonable accommodations? Yes No

Would you accept temporary or part-time? Yes No

Date Available _____

Have you ever been convicted of a felony? Yes No If yes, please explain by confidential letter. Do not include minor traffic violation(s).

EDUCATION

Name of School	Location	Specialized Training Received
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High School _____

College _____

Other _____

WORK EXPERIENCE

Please list the jobs you have held. List most recent job in the first space.

Name of Firm or Organization	Address & Phone Number	Dates Employed	Reason for Leaving
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Please list any special work skills: _____

REFERENCES

List below persons who know about your ability and about your general qualifications. Qualification of applicants under consideration may be investigated by correspondence. Five recent references are requested.

NAME AND TITLE	ADDRESS AND PHONE NUMBER
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AGREEMENT

I hereby certify that the information on this application is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal: and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

In addition, I hereby authorize Unified School District No. 387 to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment. 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

Date