Unified School District 334

P.O. Box 334 Miltonvale, Kansas 67466-0394 (785) 427-3334

SOUTHERN CLOUD U.S.D. #334

PO Box 334

Miltonvale, KS 67466-0334 District Telephone (785) 427-3334 Glasco Telephone (785 568-2291 Miltonvale Telephone (785) 427-3250

APPLICATION FOR CLASSIFIED EMPLOYMENT

Date	_ 20	
Notice to Applicant:		
assure equal opportuni	Board of Education of Unified School ty to qualified individuals regardless gin, ancestry, or age, and to promote tities to everyone.	of their race, religion, color, sex,
This policy covers all a placement, promotion, and harassment.	aspects of employment relationship in transfer, training and apprenticeship,	cluding recruitment, hiring, compensation, layoff, termination,
(Last Name)	(First Name)	(Middle Name)
	DRESS AND TELEPHONE N	
Present:	City	State Zip
Permanent:	City	State Zip
Telephone No. ()	
POSITION(S) DE	SIRED:	

EDUCATIONAL AND PROFESSIONAL TRAINING

List school, location and degree re	eceived.
High School	
College	,
Special Training and Certificates	
OTHER WORK EXPERIED List below three persons who knot qualifications. Qualification of agreen correspondence.	ENCE ow about your ability as an employee and about your general oplicants under consideration may be investigated by
Name	Supervisor
Address	Dates
	Telephone Number
Name	Supervisor
Address	Dates
	Telephone Number
Name	Supervisor
Address	Dates
	Telephone Number

REFERENCES

List below three persons who know about your ability as an employee and about your general qualifications. Qualification of applicants under consideration may be investigated by correspondence.

Name and Title	Address and Telephone Number
GENERAL INFORMATION	
Have you ever been dismissed or asked to resign	n from employment?
If yes, please explain:	
Why do you wish to leave your present position'	?
Why do you wish to work in this district?	
How long do you plan to reside in this area?	

What duties or activities are you willing to direct and/or sponsor?		
·		
List any other information concerning yourself, which in your judgment might be helpful as we consider your application.		
AGREEMENT		
I hereby certify that the above information 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 termination of employment. 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. 334 to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment.		
Signature of Applicant Date		