

# Unified School District 334

P.O. Box 334

Miltonvale, KS 67466-0334

(785) 427-3334

**SOUTHERN CLOUD U.S.D. #334**

**PO Box 334**

Miltonvale, KS 67466-0334

District Telephone (785) 427-3334

**APPLICATION FOR CERTIFIED EMPLOYMENT**

Date \_\_\_\_\_ 20 \_\_\_\_\_

Notice to Applicant:

It is the policy of the Board of Education of Unified School District No. 334, Miltonvale, 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 employment relationship including recruitment, hiring, placement, promotion, transfer, training and apprenticeship, compensation, layoff, termination, and harassment.

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(Last Name)

(First Name)

(Middle Name)

**COMPLETE ADDRESS AND TELEPHONE NUMBER:**

Present: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**POSITION(S) DESIRED:**

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## EDUCATIONAL AND PROFESSIONAL TRAINING

List school, location and degree received.

High School \_\_\_\_\_  
Undergraduate \_\_\_\_\_  
Graduate Work \_\_\_\_\_  
Special Training and Certificates \_\_\_\_\_

## TEACHING EXPERIENCE

	Name and Address of School	Subjects Taught	Dates
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

### Student Teaching (If you have not held a teaching position)

Name and Address of School	Subjects Taught	Dates
_____	_____	_____

## OTHER WORK EXPERIENCE

List last three places of employment, name of supervisor and dates worked.

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## 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 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