

# APPLICATION FOR EMPLOYMENT



500 E Sunflower  
Ozawkie KS 66070  
Phone (785) 876-2214 / Fax (785) 876-2629

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_

Referred By \_\_\_\_\_ Are you 18 years of age or older? Yes No

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

**If applying for paraeducator position**, please circle all districts below you are willing to work in:  
Valley Falls, JCN, Jeff West, Oskaloosa, McLouth, Perry-Lecompton, Atchison Community Schools.

Willing to work (check any or all) \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you applied with this agency before? Yes No If Yes, when? \_\_\_\_\_

## EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	

Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	---------	---	--

**GENERAL**

List specific skill areas:

---



---

Have you been convicted of a felony or a crime involving moral turpitude?  Yes  No If Yes, When? \_\_\_\_\_

**FORMER EMPLOYERS** List below your last four employers, starting with the most recent one first.

	Date Month and Year	Name and Address of Employer	Area Code & Phone Number	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

	Name	Area Code & Phone Number	Position	Years Acquainted
1				
2				
3				

## **Authorization and Release**

1. 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.
  
2. 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.
  
3. 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.
  
4. 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