

UNIFIED SCHOOL DISTRICT NO. 504  
OSWEGO, KANSAS

**APPLICATION FOR EMPLOYMENT**

For  
A Classified Staff Position

DATE OF APPLICATION \_\_\_\_\_

(Last Name)	(First Name)	(Middle)
(Street Address)	(P.O. Box, if applicable)	
(City)	(State)	(Zip)
(Home Telephone)	(Business Telephone)	
(Position For Which You Are Applying)		

**NOTICE OF NONDISCRIMINATION**

Applicants are advised that Unified School District No. 504 is an equal opportunity employer that will not discriminate in its employment practices or policies with regard to hiring, compensation, terms, conditions or privileges of employment because of an individual's race, color, sex, age, religion, disability or national origin.

Mail or return completed application to:

Terry L. Karlin, Superintendent  
Unified School District No. 504  
P.O. Box 129, 323 Commercial  
Oswego, Kansas 67356

GENERAL INFORMATION

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Are you a citizen of the United States of America? \_\_\_\_\_ YES \_\_\_\_\_ NO

What is the present condition of your health? \_\_\_\_\_

In the past two years (24 months), how many days have you missed work due to illness? \_\_\_\_\_

Do you have any physical or mental disability which would preclude you from performing any duties or fulfilling any responsibilities of the position you are applying for? \_\_\_\_\_ YES \_\_\_\_\_ NO (If yes, please explain on a separate sheet)

Do you have a Commercial Driver's License? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If yes, list the endorsements on your license) \_\_\_\_\_

Have you successfully completed an American Red Cross multi-media first aid course? \_\_\_\_\_ YES \_\_\_\_\_ NO (Date of completion \_\_\_\_\_)

Have you successfully completed the National Safety Council Defensive Driving Course or the American Automobile Association Driver Improvement Program? \_\_\_\_\_ YES \_\_\_\_\_ NO (Date of completion \_\_\_\_\_)

Have you ever been convicted of any of the following offenses?

- (A) Hit and run driving..... \_\_\_\_\_ YES \_\_\_\_\_ NO
- (B) Driving under the influence of alcohol or drugs..... \_\_\_\_\_ YES \_\_\_\_\_ NO
- (C) Driving while impaired by alcohol or drugs..... \_\_\_\_\_ YES \_\_\_\_\_ NO
- (D) Vehicular homicide..... \_\_\_\_\_ YES \_\_\_\_\_ NO
- (E) Reckless driving..... \_\_\_\_\_ YES \_\_\_\_\_ NO
- (F) Any criminal offense which, if committed in the state of Kansas would be classified as a felony, or Class A, Class B, or Class C misdemeanor..... \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered yes to any of the above, please give complete and accurate details (including location, court of record, etc.) on a separate sheet.

Have you ever been convicted of any crime or involved in any offense involving the abuse of a child? \_\_\_\_\_ YES \_\_\_\_\_ NO (If yes, please give complete and accurate details on a separate sheet.)

EDUCATION				
Name and Location of School Attended	Dates Attended		Did You Graduate	Date of Diploma
	From	To		
Grade School:				
High School:				
College or Vo Tech:				

EMPLOYMENT HISTORY				
Please give complete and accurate information regarding your work experience. Start with your present or most recent employer.				
Employer and Location	Position or Type of Work	Dates Employed		Salary or Wage
		From	To	
	Supervisor:	Mo./Yr.	Mo./Yr.	
	Supervisor:	Mo./Yr.	Mo./Yr.	
	Supervisor:	Mo./Yr.	Mo./Yr.	
	Supervisor:	Mo./Yr.	Mo./Yr.	
	Supervisor:	Mo./Yr.	Mo./Yr.	

MILITARY SERVICE	
Branch of Service	Dates of Active Duty--From: To:
Describe Your Duties and Training	
Rank at Discharge:	Type of Discharge:

**REFERENCES**

List the names and addresses of at least five people who know you sufficiently well enough to serve as references regarding personality, character, ability and work habits. Do not use relatives as references.

Name and Complete Address	Position of Reference	Telephone
		<i>Home:</i>
		<i>Work:</i>
		<i>Home:</i>
		<i>Work:</i>
		<i>Home:</i>
		<i>Work:</i>
		<i>Home:</i>
		<i>Work:</i>
		<i>Home:</i>
		<i>Work:</i>

APPLICANT'S COMMENTS: (Please state anything you feel that is relevant to your application, but not covered in the application)

I hereby certify that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if I am employed, any misstatement or omission of fact on this application shall be considered cause for dismissal, therefore, I authorize the Unified School District No. 504 Board of Education's designated officials to have access to and verify any records that are relevant to the information herein provided by me which may be maintained by any law enforcement department or agency, court, department or division of motor vehicles, or legal custodian of such records.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: Any person applying for and being considered for employment as a school bus driver will have their driving record inspected pursuant to K.S.A. 74-2012 as amended by L.1984, Ch.202, Sec 1.