



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)                      | (Email Address)           |          |
| (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:

Douglas Beisel, Superintendent  
Unified School District No. 504  
P.O. Box 129  
719 4th Street  
Oswego, Kansas 67356  
620-795-2126  
Email: [dbeisel@usd504.org](mailto:dbeisel@usd504.org)

GENERAL INFORMATION

NAME \_\_\_\_\_

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

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

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 multimedia 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 Class C misdemeanor | YES ____ | NO ____ |

Have you ever entered into a diversionary agreement for any of the above-stated offenses? YES \_\_\_\_ NO \_\_\_\_

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)*

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.

| 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.<br>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:<br><br>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.