

La Crosse Unified School District No. 395 616 Main St., PO Box 778 La Crosse, KS 67548 785-222-2505 785-222-3240 FAX clerk1@gbta.net bkeeley@usd395.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. If you feel you were discriminated against, please contact the Superintendent at 616 Main St., La Crosse, KS 67548

	(PLEASE PRINT or T	TYPE)		
Position applied for:		Date	of Application:	
Last Name	First Name	Mide	dle Name	
Mailing Address	City	State	Zip Code	
Telephone Number(s)		Social Security Number	er	
Have you ever filed an application	with us before?	□ _{Yes}	□ _{No}	
Have you aver been employed wit	If yes, provide date.	Vas	Na	

Have you ever been employed with us before? If yes, provide date and po	osition.	U Yes	l No	
Are you currently employed?		Yes	No	
May we contact your present employer?		U Yes	No	
On what date would you be available for work?				
Are you available to work:	Part-tim	ne 🗌	Temporary	
Can you travel if a job requires it?		U _{Yes}	\square_{No}	
Have you been convicted of a felony within the last 7 years?		\Box_{Yes}	□ _{No}	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write					
	FLUENT	GOOD	FAIR		
SPEAK					
READ					
WRITE					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.			

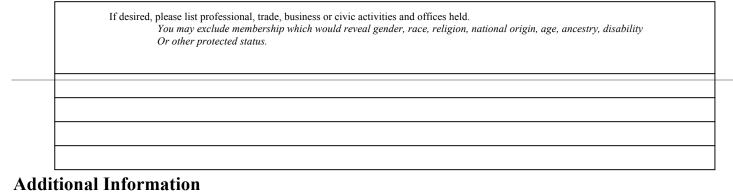
Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other status.

Employer	DATES E From	CMPLOYED	Work Performed	
	Tioni	10		
Address	HOURLY H	RATE/SALARY		
	Starting	Final		
Telephone Number(s)				
Job Title	S	upervisor		
Reason for Leaving				
Employer	DATES I	EMPLOYED	Work Performed	
	From	То		
Address	HOURLY H	RATE/SALARY		
Address	Starting	Final		
Telephone Number(s)				
Job Title	S	upervisor		
Reason for Leaving				
Employer	DATES EM	1PLOYED	Work Performed	
	From	То		
Address	HOURLY RA	TE/SALARY		
Address	Starting	Final		
Telephone Number(s)				
Job Title	Si	upervisor		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.



Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

References

1 <u>.</u>	(Name)	(Telephone)	(email)	
	(Address)			
2.				
	(Name)	(Telephone)	(email)	
	(Address)			
3				
	(Name)	(Telephone)	(email)	
	(Address)			

Applicant's Statement

taker the r comr	I understand that if I am offered provisional employment in the school district that my fingerprints may be taken and a request made for a state and national criminal background check. I further understand that if the results of this criminal history check reveal that I have been convicted of any offense or any attempt to commit any offense specified in K.S.A. 72-1397 and amendments thereto that my employment may be terminated.				
	Signature of Applican <u>t</u>				
1.	I certify that all the information provided by me in this application is trust statement, falsification, or omission of information is grounds for refuse discovered thereafter, termination.				
2.	I authorize any of the persons or organizations referenced in this application cerning my previous employment, education, or any other information, subjects covered by this application, and I release all such parties from furnishing such information to you. I authorize any background checks	personal or otherwise, with regard to any of the all liability for any damages that may result from			
3.	I authorize you to request, receive, and verify all information given on t that may result from your doing so.				
4.	I authorize you to conduct a criminal background investigation using ar complete such investigation and I release you from all liability for any o				
	Signature of Applicant	Date			

	FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interv	view	$\Box_{\rm Yes}$	□ _{No}			
Remarks						
	_					
Employed	Yes	No	Date of Employment			
NOTES:						