



Application (Certified) For Employment

**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 TYPE)

Position applied for:		Date of Application:	
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Have you ever filed an application with us before? Yes No
If yes, provide date. _____

Have you ever been employed with us before? Yes No
If yes, provide date and position. _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part-time Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

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.

1.

Employer	DATES EMPLOYED		Work Performed
	From	To	
Address	HOURLY RATE/SALARY		
	Starting	Final	
Telephone Number(s)			
Job Title		Supervisor	
Reason for Leaving			

2.

Employer	DATES EMPLOYED		Work Performed
	From	To	
Address	HOURLY RATE/SALARY		
	Starting	Final	
Telephone Number(s)			
Job Title		Supervisor	
Reason for Leaving			

3.

Employer	DATES EMPLOYED		Work Performed
	From	To	
Address	HOURLY RATE/SALARY		
	Starting	Final	
Telephone Number(s)			
Job Title		Supervisor	
Reason for Leaving			

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

If desired, please list professional, trade, business or civic activities and offices held.
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability
 Or other protected status.*

Additional Information

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

References

1. _____
 (Name) (Telephone) (email)

_____ (Address)

2. _____
 (Name) (Telephone) (email)

_____ (Address)

3. _____
 (Name) (Telephone) (email)

_____ (Address)

Applicant's Statement

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 Applicant _____

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 _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Remarks _____

Employed

Yes

No

Date of Employment _____

Job Title _____ Salary/Hourly Rate _____

NOTES:

