

# Application (Non-Certified) For Employment

**La Crosse USD 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

	(PLF	EASE PI	RINT or TYPE)	)			
Position applied			Date:				
Last Name:			First Name:		Middle Name:		
Mailing Address City			State		Zip Code		
Telephone	Telephone			Social Security Number:			
Have you ever been employed with us before?					$\square_{\mathrm{Yes}}$	$\square_{ m No}$	
If Yes, give	date						
Are you currently employed?					$\square_{\mathrm{Yes}}$	$\square_{ m No}$	
May we contact your present employer?					$\square_{\mathrm{Yes}}$	$\square_{ m No}$	
On what da	te would you be available for w	ork?					
Are you ava	ilable to work:	Full Time	Par	t Time	Temporary		
Can you travel if a job requires it?					$\square_{\mathrm{Yes}}$	$\square_{ m No}$	
Have you been convicted of a felony within the last 7 years?					$\square_{ m No}$		
	Conviction will	not necessar	ily disqualify an applica	nt from empl	oyment.		
	WE ARE AN	EQUAL OF	PPORTUNITY EMP	LOYER			
	Name and Address of School	Course o	of Study	Years	Completed	Diploma/Degree	
ligh School							
College							

# **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer  Address  Telephone #(s)  Reason for Leaving:  Employer	Dates Employed  FROM  Dates Employed  FROM  Dates Employed	то	Work Performed:
Telephone #(s)  Reason for Leaving:	Dates Employed FROM		
Telephone #(s)  Reason for Leaving:	FROM	то	
Reason for Leaving:		ТО	
Reason for Leaving:	Dates Employed		
	Dates Employed		
Employer	Dates Employed		
Employer	Dates Employed		
			Work Performed:
	FROM	ТО	
Address	Dates Employed		
	FROM	ТО	
Telephone #(s)			
Reason for Leaving:	•		
Employer	Dates Employed		Work Performed:
	FROM	ТО	
Address	Dates Employed		
Telephone #(s)	FROM	ТО	
(-)			
Reason for Leaving:			
al Information			
Other Qualifications:			
Summarize special job-related skil	ls and qualifications ac	equired fro	m employment or other experience.
	Reason for Leaving:  Employer  Address  Telephone #(s)  Reason for Leaving:  al Information  Other Qualifications:	Reason for Leaving:  Employer  Dates Employed FROM  Address  Dates Employed FROM  Telephone #(s)  Reason for Leaving:  al Information  Other Qualifications:	Reason for Leaving:    Dates Employed

#### References

1.		
	(Name)	(Telephone)
	(Address)	
••••	••••••	,
2.	(Name)	(Telephone)
	(Address)	
•••	• • • • • • • • • • • • • • • • • • • •	
3.	(Name)	(Telephone)
	(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. 1999 Supp. 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	
Date	