

APPLICATION FOR EMPLOYMENT

NORTHEAST UNIFIED SCHOOL DISTRICT NO. 246
 P. O. BOX 669
 ARMA, KANSAS 66712

Date: _____

Position Applying For: _____

Name: _____
 (Last) (First) (Middle)

Address: _____

Phone: _____
 (Home) (Work)

Have you resided in the state of Kansas for the past 10 consecutive years? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status may be required upon employment.)

Have you been convicted of a felony within the last seven (7) years?

Yes No (Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Do you have a disability, a handicap, or a medical condition which would prevent you from performing specific work? Yes No

If so, please state limitations _____

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME & LOCATION				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY				

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

COMPANY NAME & ADDRESS _____

EMPLOYED FROM: _____ TO: _____

STARTING RATE OF PAY _____ ENDING RATE _____

JOB TITLE & SUPERVISOR _____

REASON FOR LEAVING _____

COMPANY NAME & ADDRESS _____

EMPLOYED FROM: _____ TO: _____

STARTING RATE OF PAY _____ ENDING RATE _____

JOB TITLE & SUPERVISOR _____

REASON FOR LEAVING _____

COMPANY NAME & ADDRESS _____

EMPLOYED FROM: _____ TO: _____

STARTING RATE OF PAY _____ ENDING RATE _____

JOB TITLE & SUPERVISOR _____

REASON FOR LEAVING _____

STATE HERE ANYTHING YOU MIGHT THINK APPLICABLE BUT OVERLOOKED IN THE APPLICATION:

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT OF EMPLOYMENT I UNDERSTAND FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE.

In compliance with federal and state equal opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Signature of Applicant _____

RETURN TO: Michelle Pryor, Clerk
Northeast Unified School District #246
P.O. Box 669, Arma, KS 66712
Fax: 620-347-4087
E-Mail: pryorm@usd246.org