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\_\_\_\_\_

**WEST FRANKLIN USD #287**

510 East Franklin  
Pomona, Kansas 66076  
785-566-3396

**APPLICATION FOR CERTIFIED EMPLOYMENT**

Date: \_\_\_\_\_ 20\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**COMPLETE ADDRESS AND HOME PHONE NUMBER AND OR CELLPHONE:**

Present: \_\_\_\_\_

Permanent: \_\_\_\_\_

**TEACHING POSTION(S) DESIRED:**

1<sup>ST</sup> Preference: \_\_\_\_\_

2<sup>ND</sup> Preference: \_\_\_\_\_

3<sup>RD</sup> Preference: \_\_\_\_\_

**EDUCATIONAL AND PROFESSIONAL TRAINING:**

	Type of School	Name of School and Location	Type of Degree	Dates	Total Semesters of Education
High School					
Undergraduate					
Graduate Work					
Special Work					

Number of semester hours in major field: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Number of semester hours in major field: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

College Honors and Activities: \_\_\_\_\_

What activities can you sponsor or coach? \_\_\_\_\_

Elementary only: Can you teach your own Art? \_\_\_\_\_ Physical Education? \_\_\_\_\_

Number of credit hours in field of Reading: Undergraduate? \_\_\_\_\_ Graduate? \_\_\_\_\_

### TEACHING EXPERIENCE

Name of School and Location	Grade/Subjects Taught	Dates

### REFERENCES

List below persons who know about your ability as a teacher and about your general qualifications. Qualification of applicants under consideration may be investigated by correspondence. Four recent references are requested.

#### NAME AND TITLE

#### ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GENERAL INFORMATION

Do you hold a Kansas Teaching Certificate? \_\_\_\_\_ Expiration: \_\_\_\_\_ Teacher Certificate Endorsements:

\_\_\_\_\_ Are you now under contract? \_\_\_\_\_ Expiration: \_\_\_\_\_

Present annual salary: \_\_\_\_\_ Expected Annual Salary: \_\_\_\_\_

Have you ever been dismissed or asked to resign from employment? (Yes or No) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Why do you wish to leave your present position? \_\_\_\_\_

How long do you plan to reside in this area? \_\_\_\_\_

Do you plan to continue graduate work? \_\_\_\_\_ If so, in what field? \_\_\_\_\_

Where? \_\_\_\_\_

In the event of a vacancy, Unified School District No. 287 will need a completed application on file, a copy of your resume, a copy of your teaching certificate, and your credentials sent to our office. Please note: the aforementioned items are needed only in the event of a vacancy.

Have you requested your credentials to be sent to our office? \_\_\_\_\_

Name of University: \_\_\_\_\_

### OTHER WORK EXPERIENCE

Employer & Location	Duties	Months	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### OTHER REFERENCES

Name	Address	Phone #	Area of Reference
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### AGREEMENT

I hereby certify that the above information is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

In addition, I hereby authorize Unified School District No. 287 to conduct work history, personal reference, and/or Franklin County Sheriff's Office record inquiries to determine my acceptability for employment.

\_\_\_\_\_  
Signature of Applicant

Notice to Applicant:

It is the policy of the Board of Education of Unified School District No. 287, Pomona, Kansas to assure equal opportunity to qualified individuals regardless of their race, religion, color, sex, disability, national origin, ancestry, or age, and to promote the full realization of equal employment opportunities to everyone.

This policy covers all aspects of employment relationship including recruitment, hiring, placement, promotion, transfer, training and apprenticeship, compensation, layoff, termination, and harassment.

## **ADDITIONAL DATA**

State briefly our reasons for wishing to teach in U.S.D. 287:

Please mention here anything not included elsewhere in this application which you feel will further support your candidacy.

**APPLICANT:** Please return with letter of application, resume of additional information, and a copy of valid Kansas Certificate.

# WEST FRANKLIN USD #287

## Background Screening Authorization and Disclosure

As part of the application process for employment at **West Franklin USD #287**, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, and names and dates of education. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for National Screening Bureau and/or its agents contacted by National Screening Bureau to obtain information. In addition, I release and discharge National Screening Bureau, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process.

I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the above stated company.

I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

Upon Request, National Screening Bureau will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: National Screening Bureau, 920 N Tyler, Suite 302, Wichita, KS 67212 or by contacting us at 1-877-263-4405.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following must be filled out completely for your application to be considered.**

Last Name	First Name				Middle Name	Other Names Used
Home Address	City				State	Zip
Previous Address	City				State	Zip
Phone #	Sex M F	Date MM	Of DD	Birth YYYY	Social Security #	Drivers License #
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval					Race	State Drivers License was issued in:

Additional Information \_\_\_\_\_

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.