

(Do not write here)

WEST FRANKLIN USD #287

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

APPLICATION FOR NON-CERTIFIED EMPLOYMENT

Date: _____ 20____

(Last Name)

(First Name)

DRIVERS LICENSE NUMBER _____

COMPLETE ADDRESS:

Present: _____

Permanent: _____

HOME PHONE AND OR CELL PHONE _____

POSTION(S) DESIRED:

Have you read the job description, the essential functions of the job and the physical requirements of the job? Yes_____ No_____

Would you accept temporary or part-time? Yes____ No____ Date available: _____

Have you ever been convicted? Yes____ No____ If so, explain by confidential letter. Do not include minor traffic violation(s).

EDUCATION

NAME OF SCHOOL

LOCATION

SPECIAL TRAINING RECEIVED

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

REFERENCES

NAME AND TITLE

ADDRESS AND PHONE NUMBER

_____	_____
_____	_____
_____	_____
_____	_____

WORK EXPERIENCE

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

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.

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.

< Please Print >

Last Name	First Name			Middle Name	Other Names Used	
Home Address	City			State	Zip	
Previous Address	City			State	Zip	
Phone #	Sex	Date	Of	Birth	Social Security #	Drivers License #
	M F	MM	DD	YYYY		
*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.