

ADMINISTRATIVE APPLICATION

**Jefferson West USD #340
PO Box 267
Meriden, KS 66512**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone # _____ Cell # _____

Referred By _____

EMPLOYMENT DESIRED

Current Position _____ Are you now under contract? _____ If so, when does your contractual obligation expire? _____ Salary Desired _____ Date Available _____

Are you now certified to be a Building Administrator in Kansas? _____

State briefly your reasons for wishing to be an Administrator in our district. _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	____ Yes ____ No	
Trade, Business or Correspondence School		1 2 3 4	____ Yes ____ No	
College		1 2 3 4	____ Yes ____ No	
College		1 2 3 4	____ Yes ____ No	
College		1 2 3 4	____ Yes ____ No	

Professional Memberships, College Honors & Activities

CHRONOLOGICAL EDUCATION EMPLOYMENT List below your last four employers, starting with the most recent one first.

	Date Month and Year	Name and Address of Employer	Area Code & Phone Number	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

REFERENCES List below three persons not related to you, whom you have known at least one year.

	Name	Area Code & Phone Number	Position	Years Acquainted
1				
2				
3				

Do you have any physical or mental conditions which might interfere with your ability to perform the essential functions and assignments of the particular job(s) for which you are applying? ____ Yes ____ No. If yes, please describe how you perform the fundamental duties of this job and identify necessary accommodations.

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date _____ Signature _____

(For OFFICE Use Only)

Interviewed by:

Date:

Comments: