

CERTIFIED APPLICATION

**Jefferson West USD #340
601 E Wyandotte, 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

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Date you can start _____ Salary Desired _____

Willing to work (check any or all) _____ Full-time _____ Part-time _____ Substitute

Are you employed now? ____ Yes ____ No If so, may we inquire of your present employer? ____ Yes ____ No

Have you applied with this office before? ____ Yes ____ No If Yes, when? _____

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	
College		1 2 3 4	____ Yes ____ No	
Trade, Business or Correspondence School		1 2 3 4	____ Yes ____ No	

GENERAL

List specific skill areas:

FORMER EMPLOYERS 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 _____

In case of Emergency, notify: _____
 Name Area Code & Telephone Number

(For OFFICE Use Only)

Interviewed by:

Date:

Comments: