

**APPLICATION FOR EMPLOYMENT**

**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 \_\_\_\_\_ Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ 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: