

# USD 110 – Thunder Ridge

128 South Kansas, Kensington, Kansas 66951

785-476-2218 FAX 785-476-2258

## Classified Position Employment Application

USD 110 does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity.

Date of Application \_\_\_\_\_

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address where you can be reached other than above \_\_\_\_\_ Phone \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

Date available for work: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is your desired salary range: \_\_\_\_\_

Do you have a dependable way to get to work: \_\_\_\_ Yes \_\_\_\_ No

Are you able to work: \_\_\_\_ Full time \_\_\_\_ Part-time \_\_\_\_ Seasonal

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT EXPERIENCE

(Start with your present or last job)

<b>Employer (name and complete address)</b>	<b>Telephone</b>	<b>Type of Work/ Job Title</b>	<b>Dates Employed/ Supervisor</b>	<b>Reason for Leaving</b>

**Explain any gaps in employment:**

## EDUCATION

<b>Name of School</b>	<b>Course of Study</b>	<b>Years Completed or Diploma / Degree</b>	<b>Date</b>	<b>Sem. Hrs. Credit</b>

List special courses or training pertaining to the position for which you are applying:

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## REFERENCES

(List former employers and personal)

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Telephone</b>

**Are any of your relatives currently employed by USD 110?** \_\_\_ Yes\* \_\_\_ No

\*Name/Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

\*Name/Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

\*Name/Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

**Have any of your relatives ever worked for USD 110?** \_\_\_ Yes\* \_\_\_ No

\*Name/Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

\*Name/Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

\*Name/Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been convicted of a felony, a crime involving dishonesty, or a crime involving violence to another person?

\_\_\_ Yes \_\_\_ No

If Yes, please explain:

Have you ever been convicted of a crime involving the physical, mental or sexual abuse or exploitation of minors?

\_\_\_ Yes \_\_\_ No

If yes, please describe, including dates charged, penalties, and current disposition.

**Criminal convictions will be considered in relation to specific job requirements.**

**\*Note: Convictions are not an automatic disqualification from employment.**

**Applicant's Statement**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

I understand and am aware that USD 110 will conduct work history, personal reference, or police inquiries to determine my acceptability for employment.

I voluntarily authorize USD 110 to make any investigation of my personal and/or employment history, including criminal history records and the child abuse registry. I further authorize any former employer, governmental agency, including law enforcement agencies and the Dept. of Social and Rehabilitation Services, State of Kansas, or person having information regarding me to release said information of USD 110. In consideration of USD 110's review of my application for employment, I hereby voluntarily release USD 110 and all providers of information regarding me from any and all liability as a result of furnishing and/or receiving this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# VOLUNTARY SURVEY

## Employment Data Record

Date \_\_\_\_\_

Check one: Female \_\_\_\_ Male \_\_\_\_

The applicant is asked to check the appropriate racial/ethnic designation as used by the Equal Employment Opportunity Commission. Such EEOC designations do not denote scientific definition of anthropological origins.

\_\_\_\_\_ **White** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East

\_\_\_\_\_ **Black** (Not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Hispanic** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

\_\_\_\_\_ **Asian or Pacific Islander** All persons having origins in any of the original peoples of the Far East, South Asia, or the Indian subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa.

\_\_\_\_\_ **American Indian or Alaskan Native** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community Recognition

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

# VOLUNTARY SURVEY

# INQUIRY TO PAST EMPLOYERS

**FROM:** Prospective Employer

Company: USD # 110

Individual:

Street:

City:

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H.R. Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. As you will note from the waiver stated below, **the applicant has waived any claim of liability against your company (and it's agents) for information submitted in response to this inquiry.** Please reply by return mail or by faxing this form to (785) 476-2258.

Thank you,

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\* Name of applicant:

Social Security No:

Job applied for:

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1. This applicant lists dates of employment with your firm from: \_\_\_\_\_ to: \_\_\_\_\_ is this correct? Yes \_ No \_

If no, please explain: \_\_\_\_\_

2. What was the applicant's position/Title?

\_\_\_\_\_

3. What information can you give concerning the applicant's quality of work?

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

4. What information can you give concerning the applicant's attendance:

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

5. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds?

\_\_\_\_\_

6. Did the applicant pose either repeated and or severe disciplinary problems? Yes \_ No \_ If so, please explain:

\_\_\_\_\_

7. Why did this employee leave your company? Resigned \_ Discharged \_ Laid Off \_

8. Would you re-employ this person? Yes \_ No \_ Please

explain: \_\_\_\_\_

\_\_\_\_\_

9. Remarks: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of person supplying information)

(Please retain for your files)

## WAIVER

Former Employer \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) that may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Witness's signature)