Moundridge USD 423 526 East Cole, Box K

526 East Cole, Box K Moundridge, KS 67107 Telephone: (620) 345-5500

APPLICATION FOR CLASSIFIED PERSONNEL

	PERSONAL DATA		
A. NAME:(Last)	(First)	(Mi	iddle)
B. ADDRESS:			
City	State	Zip Code	
C. TELEPHONE	D. SOCIAL SECURIT	Y NO	
E. HEALTH: How many days have you b reasons? Do you have any applying? If so, please explai	physical condition that may limit you	ur ability to perform the jo	
F. REFERENCES:			
Name and Title (if applicable)	Mailing Address Telephone No.	Relation to Appl Friend, Co-Worker,	
	PROFESSIONAL DATA		
A. POSITION DESIRED:			
B. CURRENT EMPLOYER:	MAY WE CONTACT YOUR EMPLOYER?YES NO		
C. WORK HISTORY: List all experiences – <u>Dates Employed</u> Name/Addi			Supervisor's Name
D. EDUCATION: List all education and train School or Training Site Name	ing you have received. Location	Dates Attended	Degree/Diploma
High School			
Business/Trade School			
College/University			
Other			

	QUESTIONS		
A.	Have you ever been convicted of or plead guilty or no contest to a felony or any offense involving moral turpitude? If so, please explain (note – conviction of a crime in not an automatic bar to employment):		
В.	Have you ever been dismissed or asked to resign from employment? YES NO If yes, please explain:		
C.	Why are you seeking to change positions or why did you leave your last position?		
D.	What types of machines that are used in the position you are applying for do you have experience using (for example, custodial applicants may have experience using a floor scrubber)?		
E.	List any additional information regarding your knowledge, skills or experiences relative to the job for which you are applying (for example, secretary applicants may list their typing skills):		
	APPLICANT ACKNOWLEDGMENTS		
1.	I certify that all the information provided by me in this application is true and complete. 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.		
2.	I authorize any of the persons or organizations referenced in this application or my professional resume or vita to give you any and a information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subject covered by this application, and I release all such parties from all liability for any damaged that may result from furnishing such information you. I authorize any background checks by any third party.		
3.	I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result fro your doing so.		
4.	I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release you from all liability for any damages that may result from your doing so.		
Sig	gnature of Applicant Date		

This school system is an Equal Opportunity Employer and adheres to the requirement of Title IX. Any information obtained from inquiries in this application will not be used in any discriminatory manner that may be prohibited by law or regulation that may be applicable.