

SEDGWICK PUBLIC SCHOOL USD 439
PO BOX K, 400 W. 4th St.
SEDGWICK, KS 67135

Classified Application

Date of Application: _____

Please indicate the position(s) desired (1) _____ (2) _____

Name: _____

Address: _____ Evening Phone: _____

City/State/Zip: _____ Daytime Phone: _____

Are you over the age of 18? Yes No Are you employed now? Yes No
Why are you seeking to change positions or why did you leave your last position?

Are you aware of any reason you would not be able to perform the duties required of the position for which you are applying? Yes No If yes, please explain:

Are there any hours or shifts you could not or would not be able to work?

If you are applying for a position as bus driver, complete the following:

Do you have a CDL license? _____ Expiration date: _____

Type of Endorsement: _____

Date of last State-recognized First Aid and CPR Course taken: _____

Are you willing to keep records as required by the administration? _____

Would you be willing to attend state and local bus meetings? _____

Are you willing to comply with mandated drug and alcohol testing? _____

If you are applying for a position as a secretary/clerical, complete the following:

Do you type? Yes No Words/minute _____

List any office hardware (including computers or word processing software or equipment) with which you have had experience.

Machine/Software _____	Years of Experience _____
Machine/Software _____	Years of Experience _____
Machine/Software _____	Years of Experience _____
Machine/Software _____	Years of Experience _____
Machine/Software _____	Years of Experience _____
Machine/Software _____	Years of Experience _____

List any additional information regarding your knowledge, skills and experiences relative to the job for which you are applying.

Educational Background

Name of High School: _____

Diploma? Yes No Year Graduated: _____

Name of College/University: _____

Dates Attended: _____ Type/Date of Degree: _____

Business/Trade School: _____

Dates Attended: _____ Type/Date of Degree: _____

Other: _____

Previous Employment Record

Please give accurate, complete full-time and part-time employment record. (Please list most recent first.)

Employer: _____ Supervisor's Name: _____
Address: _____ Phone #: _____
Position: _____ Dates From-To: _____
Reason for leaving: _____

Employer: _____ Supervisor's Name: _____
Address: _____ Phone #: _____
Position: _____ Dates From-To: _____
Reason for leaving: _____

Employer: _____ Supervisor's Name: _____
Address: _____ Phone #: _____
Position: _____ Dates From-To: _____
Reason for leaving: _____

Personal References

Please list the name, address and telephone number of several people who know you and your abilities sufficiently well to service as a reference.

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Moral turpitude is an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor. Have you ever been convicted of or pled guilty or *nolo contendere* to a felony or any offense involving moral turpitude? Yes No If yes, please explain:

Conviction of a crime is not an automatic bar to employment.

Have you ever been dismissed or asked to resign from employment? Yes No

If yes, please explain: _____

I agree to the following:

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 to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to 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 from your doing so.
4. I understand and agree that the board has the option of doing a criminal history records check. I further understand and agree that the board can terminate my employment if the results of the criminal history records check reveal I have been convicted of any offenses specified in law. I hereby authorize the school district to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release the board, the school district, and its employees or agents from all liability for any damages that may result from the criminal history records check.
5. I agree to observe all rules, regulations and policies of the district now in force and effect or as they may change during my employment if I am hired by the district.

Signature of Applicant

Date