

BURRTON U.S.D. NO. 369
Classified Application

Return this application to:
Burrton U.S.D. No. 369
PO Box 369
Burrton, KS 67020

Position Information

Positions for which I am making application:

Clerical Secretarial ParaProfessional Cook Transportation Custodial

Other _____

I will accept: Full-Time Employment

 Part-Time Employment

Have you ever been employed by Burrton Public Schools? Yes No

Date if Yes: _____

Personal Data

Email: _____

Date: _____ Telephone _____ Alternate Phone _____

Social Security No: _____

Name: _____

Address: _____ Permanent Address(if different) _____

Contact Person Name _____ Telephone _____

I hereby affirm that my answers to the foregoing questions on this application are true and correct, and that I

have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information, intentional omissions or misrepresentations submitted on this application are causes for dismissal. I understand that this is a pre-employment application and that if I am employed a formal personal history may be completed. My employment may also be subject to passing a physical examination.

I authorize USD No. 369 to obtain information related to this application from former employers, school personnel, references (unless otherwise noted), and any others with whom it desires and agree to hold such persons harmless with respect to any information they may give. If employed I will comply with the

rules and regulations set forth and communicated to all employees of the Board of Education.

Signature

Date

Education and Training

Have you received a high school diploma or GED Equivalent? Yes No

HS Attended _____ Graduation/GED Date _____

Name and Location Institution- Post Secondary	# of Years Attended	Certificate or License	Degree Received	Date Received

Employment

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.

Company Name _____ Telephone _____
 Address _____ Employed from _____ to _____
 Name of Supervisor _____ Pay _____ Frequency _____
 Job Title and Work Description _____

Reason for Leaving _____
 Company Name _____ Telephone _____
 Address _____ Employed from _____ to _____
 Name of Supervisor _____ Pay _____ Frequency _____
 Job Title and Work Description _____

Reason for Leaving _____
 Company Name _____ Telephone _____
 Address _____ Employed from _____ to _____
 Name of Supervisor _____ Pay _____ Frequency _____
 Job Title and Work Description _____

Reason for Leaving _____
 Company Name _____ Telephone _____
 Address _____ Employed from _____ to _____
 Name of Supervisor _____ Pay _____ Frequency _____
 Job Title and Work Description _____

Reason for Leaving _____

General Information Required

1. Please provide a statement indicating the reason(s) you want to work at USD 369. Include any background you have had in schools or educational institutions and any other information which you might think applicable but overlooked elsewhere in this application.

2. An answer of “yes” to the following questions will not necessarily disqualify an applicant for employment. If the answer to any question is “yes,” please explain by a confidential letter to the Superintendent.
 - a. Have you ever been convicted of a felony or crime involving dishonesty, a controlled substance, or a child? Yes No
 - b. Have you ever entered into a criminal diversion agreement after being charged with any offense described in 2a? Yes No
 - c. Are criminal charges pending against you in any state involving any offenses described in question 2a? Yes No

3. All USD 369 employees are required to submit a certification of health signed by a person licensed to practice medicine and surgery under the laws of any state on a form prescribed by the Secretary of Health and Environment. The physical shall also demonstrate that freedom from tuberculosis has been established by a chest x-ray or negative tuberculin skin test. Is there any reason you would be unable to provide a certification of health prior to receiving your first paycheck? Yes No
If yes, please explain:

4. Is there any circumstance which would prevent your regular attendance? Yes No
If yes, please explain:

5. The information furnished on this application is true and accurate to the best of my knowledge. Any misstatements or omissions of material fact in this application may be cause for dismissal. I understand that I may be required to take one or more tests (physical examination, drug screening, job related) as a condition of hiring or continued employment. I expressly authorize the release to USD 3 69 any records or information which may refer or relate to this application for employment, including, but not limited to, records of educational institutions, reference checks of persons listed on this application, law enforcement or criminal justice agencies, agencies maintaining child abuse records, and previous employers. I hereby release and discharge USD 369 and any responsible person(s) employed by USD 369 from any and all claims and liability which I may have or ever claim to have relating to information provided to USD 369 as part of a background check in connection with this application for employment.

Signature _____

Date _____

Authorization and Release

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.

Yes _____ No _____

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.

Yes _____ No _____

Have you ever been convicted of a felony or a crime involving dishonesty, or a crime with a juvenile as a victim?

Yes _____ No _____

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.

Yes _____ No _____

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 or hire, or, if I am hired and the same is discovered thereafter, termination.

Yes _____ No _____

Signature of Applicant _____

Date _____

Please complete the above Authorization and Release form and return it along with other application documents to:

USD 369 Burrton Central Office PO Box 369 105 E Lincoln St. Burrton, KS 67020
