MCLOUTH UNIFIED SCHOOL DISTRICT #342

PO Box 40, 217 Summit, McLouth, KS 66054

913-796-2201

Classified Personnel

Position applying for		Date		
Name				
Last	First	Middle		
Address				
Street	City	State	Zip	
Telephone: Home	Work	Cell		

EDUCATIONAL RECORD

	Name of School	Years Completed	Diploma and/or Degree
High School			
Trade School/ Vocational			
College or University			
Other			

EMPLOYMENT HISTORY

Essential: List correct names, addresses, and phone numbers. Begin with your latest employment.

Dates of	Number	Name	Address and Phone	Job Title
Employment	of Years			

REFERENCES (Not Related To You):

Name:	Position
Address:	Phone:
Name:	Position
Address:	Phone:
Name:	Position
Address:	Phone:
List any additional information regarding your knowledge, applying.	
Why are you seeking a new position, or why did you leave	your last position?
Have you ever been dismissed or asked to resign from em	ployment? Yes No If yes, please explain:
member of society or society in general and which are co including, but not limited to theft, attempted theft, murde	ty in the private of social duties which a person owes another ntrary to the accepted rule of right and duty between persons, er, rape, swindling, and indecency with a minor. Have you ever ny or any offense involving moral turpitude? Yes No

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

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further 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 employed by the District.

I hereby authorize the District to conduct work history, personal reference or police record inquires to determine my acceptability for employment.

Signature: ____