

**UNIFIED SCHOOL DISTRICT #459  
BUCKLIN, KANSAS**

**APPLICATION FOR EMPLOYMENT**

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City/State: \_\_\_\_\_

Have you ever filed an application with us before? ..... Yes No

Are you currently working? ..... Yes No

May we contact your present employer? ..... Yes No

Are you prevented from lawfully becoming employed in this  
Country because of VISA or Immigration Status? ..... Yes No

Have you been convicted of a felony within the last 7 years? ..... Yes No

*If yes, please explain* \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

<b>EDUCATION:</b>	High School	College
School Name & Location	_____	_____
Years completed	_____	_____
Diploma / Degree	_____	_____

Describe Course of Study \_\_\_\_\_

Describe Special Training \_\_\_\_\_

Describe Special Honors \_\_\_\_\_

State other Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>EXPERIENCE:</b>	
Employer / Job Title	_____
Address / Phone Number	_____
Reason for leaving	_____

Employer / Job Title \_\_\_\_\_

Address / Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer / Job Title \_\_\_\_\_

Address / Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Other References: \_\_\_\_\_

Address / Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Other References: \_\_\_\_\_

Address / Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Other References: \_\_\_\_\_

Address / Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**SPECIALIZED SKILLS / QUALIFICATIONS:**

Summarize special job-related skills and qualifications acquired from employment or other experiences.

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State briefly why you would like this position:

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**APPLICANT'S STATEMENT:**

I understand that any employment by USD #459 will be on a probationary basis. If employed by USD #459, I agree to abide by its rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize this facility to contact any and/or all of my references for full information. I agree to take a physical examination at any time, at the request of this facility, and agree that the examining physician may disclose the findings to this facility or an authorized agent of this facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date