

TWIN VALLEY SCHOOLS

UNIFIED SCHOOL DISTRICT 240

107 N. NELSON, PO BOX 38

BENNINGTON, KS 67422

WEBSITE: www.usd240.org

PH. 785-488-3325 ~ FAX 785-488-3326

An Equal Employment/Education Opportunity Agency

APPLICATION FOR _____ (POSITION)

NAME _____ DATE _____

ADDRESS _____ PHONE (____) _____ - _____

CITY _____ ZIP CODE _____ EMAIL _____

RECORD OF EMPLOYMENT. List all full-time employment, with the most recent position at the top. Do not list part-time employment unless you consider it significant.

POSITION	EMPLOYER	EMPLOYER'S ADDRESS	DATES OF EMPLOYMENT	REASON FOR LEAVING
1.				
2.				
3.				
4.				
5.				
6.				
7.				

WORK REFERENCES. List three adults whom we may contact concerning your abilities and your previous work.

NAME	ADDRESS	PHONE	NATURE OF ASSOCIATION
1.			
2.			
3.			

CHARACTER REFERENCES. List three additional adults whom we may contact concerning your integrity, reputation, and other personal traits.

NAME	ADDRESS	PHONE	NATURE OF ASSOCIATION
1.			
2.			
3.			

EDUCATION HISTORY. List education institutions you have attended.

SCHOOL	COURSE OF STUDY	DEGREE EARNED
1.		
2.		
3.		
4.		
5.		

APPLICANT JOB APPLICATION 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 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 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.

If offered a position with USD 240, as a condition of employment I shall submit to a screening for illegal drugs, the costs therefore to be borne by the board.

Signature of Applicant

Date