

Ell-Saline Unified School District Number 307 Phone (785) 914-5602 Fax (785) 225-6694 412 E. Anderson P.O. Box 157 Brookville, Kansas 67425-0157

•	Cook Custodian Secretary Otl	her	
Address	City	State	Zip
Cell Phone	Home Phone		
Would you accept temporary work?	Yes No Would you accept part-time work?	Yes No	
Have you ever been employed by USD 307	7 Ell-Saline? Yes No If yes, when?	Under what name:	
•	or any offense involving moral turpitude? Yes		
Are there any positions for which you shou	uld not be considered or job duties you can not perform	m?	
	EDUCATION		

Notice of non-discrimination. District USD 307 Ell-Saline. Applicants for admissions and employment, students, parents, employees, referral source of applicants for admission and employment, and all unions or professional organizations with collective agreements or professional agreements with the Ell-Saline district are notified that this district does not discriminate on the basis of race, color, national origin, sex, age, or disability for reasons of admission or access, or treatment, or employment in its programs and activities. Anyone who has questions regarding the regulations or conformities when implementing the Title VI, Title IX, or Section 504 program in the Ell-Saline school district, please contact Mr. Brian Rowley, who is the superintendent of the schools. The address is: 412 E. Anderson, PO Box 157, Brookville, Kansas, 67425, (785) 225-6813. Mr. Rowley has been appointed by the Ell-Saline District to coordinate the district's efforts to comply with regulations by implementing the Title VI, Title IX, or Section 504 program.

Aviso de no discriminación. Distrito USD 307 Ell-Saline. Los solicitantes para admisiones y empleo, estudiantes, padres de familia, empleados, fuente de referencia de solicitantes para admisión y empleo, y todas las uniones u organizaciones profesionales con acuerdos colectivos o acuerdos profesionales con el distrito de Ell-Saline son notificados que este distrito no discrimina basándose en raza, color, origen nacional sexo, edad, o discapacidad por motivo de admisión o acceso, o tratamiento, o empleo en sus programas y actividades. Cualquier persona que tenga preguntas con relación a las regulaciones o conformidades al implementar el programa Title VI, Title IX, o la sección 504 en las escuelas del distrito de Ell-Saline, favor de dirigirse o contactar al Señor Brian Rowley, quien es el superintendente de las escuelas. La dirección es: 412 E. Anderson, PO Box 157, Brookville. Kansas.

67425, (785) 225-6813. El Sr. Rowley ha sido designado por el distrito de Ell-Saline para coordinar los esfuerzos del distrito en cumplir con las regulaciones al implementar el programa Title VI, Title IX, o la sección 504. Revised 7/18

WORK EXPERIENCE

Please describe the jobs you have held with the most recent one listed first.								
Name of Firm or Organization	City & State	Date Started	Date Left	Type of Work or Title	Reason for Leaving	May we use as Reference?	Supervisor name & number	
List here any specialized training received and any other information that will give a more complete estimate of your training, experience, character, and ability.								
List here any specialized training received and any other information that will give a more complete estimate or your training, experience, character, and ability.								
PERSONAL REFERENCES Give names and addresses of at least three people who can vouch for you personally.								
Name		Address			Phone			
Leertify 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 discov- ered thereafter, termination.								

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.

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.

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.

I understand that if I am offered provisional employment in the school district that my fingerprints may be taken and a request made for a state and national criminal background check. I further understand that if the results of this criminal history check reveal that I have been convicted of any offense or any attempt to commit any offense specified in K.S.A. 1999 Supp. 72-1397 and amendments thereto that my employment may be terminated.

If offered a position with USD 307, as a condition of employment I shall submit to a physical examination conducted by a physician of the board's choosing, the costs therefore to be borne by the board. This examination may include a screening for illegal drugs (i.e. CDL holders).

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant	Date	