

Unified School District No. 281

117 N. Third ~ P.O. Box 309

Hill City, KS 67642

Phone 785/421-2135

Fax 785/421-5657

Dear Applicant,

Thank you for your interest in our teaching position. Please provide the following information:

- Letter of Interest
- Completed Application
- Copy of Teacher License
- Transcript Copy
- Resume with references

If you have any questions feel free to call our office at 785-421-2135.

Sincerely,

Lanna Bucl
USD 281 Office Secretary

APPLICATION FOR
CERTIFIED EMPLOYMENT
Application kept on file for two years

Graham County U.S.D. 281
P.O. Box 309
Hill City, KS 67642

Graham County, Unified School District #281, considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

- PLEASE TYPE OR PRINT -

APPLICATION DATE:

Position for which you are applying:

Name: Social Security #:

Address:

Phone (h): Phone(c):

GENERAL INFORMATION

What date would you be available for work?

Are you presently under contract to a school?

If yes what school district and the expiration date:

Have you applied in USD 281 before? If yes, the date:

Have you lived in Kansas continuously for the last 10 years?

Do you hold a valid KS Teaching Certificate/ License?

Do you hold a valid KS Building Administration Certificate/License?

Certificate Level:

Endorsement Areas:

Expiration Date:

EDUCATIONAL INFORMATION

College Attendance:

Name

Dates Attended

Degree Received & Date

Teaching and/or Administrative Experience (most current position first):

Dates

From Month Year	To Month Year	Number of Years in Position	Full Time Or Part Time	School And Address

Experience other than teaching:

Dates

From Month Year	To Month Year	Number of Years in Position	Full Time Or Part Time	Employer And Address

Where are your credentials on file?

List any extracurricular activities you would be willing to sponsor.

Summarize information regarding your past experiences, special qualifications, interests, and aspirations for your future.

Signature of Applicant

ADDITIONAL PROCEDURES OF APPLICATION:

1. Send this application to Superintendent of Schools U.S.D. 281, P.O. Box 309, Hill City, KS 67642
2. Have your parent Institution send U.S.D. 281 a complete set of your credentials.

Notwithstanding any other provision to the contrary, this contract is subject to termination by the employing board of education, without further proceedings and without reference to any other law or contractual arrangement. If the results of the criminal history records check required by state law reveal this employee has been convicted of any offense, or any attempt to commit any offence, specified in K.S.A. 1000 Supp. 724307 and amendments thereto

APPLICANT JOB APPLICATION ACKNOWLEDGEMENTS
Graham County Unified School District #281
P.O. Box 309
Hill City, KS 67642

1. Other than minor traffic offence for speeding parking violations, etc., have you ever been convicted of any criminal offense? Yes or No
If yes, please explain:

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

2. Why do you desire to leave your present position or why did you leave your last position? (question does not apply to those graduating this year.)

3. Have you ever been involuntarily terminated from employment? Yes or No
If yes, please give the name of the employer, the date and the reason for termination.

4. Are you aware of any reason you would not be able to perform the duties of the position for which you are making an application?

- 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.
- 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 you 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.

Signature of Applicant

Date