## Certified Application for Employment



500 E Sunflower Blvd.
Ozawkie KS 66070
Phone: (785) 876-2214 / Fax: (785) 876-2629

Titl	e	First	Middle		Last
Pres	ent Addr	ess:			_ Phone:
		City —		- , State	Zip
Pern	nanent A	ddress:			Phone:
		City —		, State —	— Zip ———
Prof	essional	Address:			Phone:
		City —		- , State —	— Zip —
Ema	il addres	s:			
Ple	ase chec	k the box next	to the location(s) and	t which you	prefer to be contacted.
Pos	ition(s)/L	evel(s) for wh	nich you are applyin	g (List in o	rder of your preference)
<u>Posi</u>	<u>tion</u>			Level of ]	<b>Instruction</b>
1					
2					
3					
4					

The Northeast Kansas Education Service Center does not discriminate on the basis of sex, race, color, national origin, handicap or age in admission or access to, or treatment or employment in, its programs or activities.

# **Professional Data**

Current Employment:			
Are you now under co	ontract? Do you h	ave a current Kansas teaching certificate?	
What state issued your	r present certificate?		
Kind of Ce	rtificate:		
Certificate	Issue Date:	- Certificate Expiration Date:	
List subject name, cod	le number and level as it ap	opears on your certificate:	
Subject —			
Code No.			
Level			
Have you met Kansas	Precertification testing req Employme	juirements? Yes No nt History	
School Name <u>&amp; Location</u>	<b>Position</b>	Dates of Employment Months of Salary <u>From – To Services Per Yr.</u>	

#### **Personal Information**

— YES \_\_\_\_ NO Have you ever been convicted of a felony or crime involving dishonesty or a crime with a juvenile as a victim?

If yes, was your certificate: \_\_\_\_ denied \_\_\_\_ suspended \_\_\_\_ revoked

— YES \_\_\_\_ NO Are you legally authorized to work in the United States of America?

## **Education Data**

School Attended	<u>Dates</u>	<u>Degree</u>	<u>Major Field</u>
Number of semester hours in maj	or field of study: Unde	ergraduate:	Graduate:
Number of semester hours in min	or field of study: Und	ergraduate:	—Graduate: ———
Highest earned degree: D	ate: ——— Semest	er hours beyond l	nighest degree:
Years of full time teaching experi	ence: Hav	ve your credential	s been sent?
Placement office where your cred	lentials are on file:		

#### References

Please list names and addresses of two character references not listed in your credentials:

<u>Name</u>	<u>Address</u>	<b>Phone</b>
1		
2		
Please list names and addresses of	of your <u>last three supervisors</u> :	
<u>Name</u>	Address	<u>Phone</u>
1		
2		

### **Additional Data**

In your own handwriting, please use the space below to add anything not included elsewhere in your application materials or credentials which you feel will further support your candidacy:

## Authorization and Release

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.

Signature of Applicant

Date