

Application for Employment Supplemental Position



700 North Main Street
Burden, KS 67019
620-438-2215-Phone
620-438-2217-Fax

1. Personal Information DATE _____

NAME _____

Last
First
Middle

ADDRESS _____

Street
City
State
Zip

PHONE NUMBER (____)-____-____ CELL # (____)-____-____

EMAIL ADDRESS _____

2. Employment Desired

Position 1 _____

Position 2 _____

Do you hold a valid Kansas Teaching License or Substitute Certificate? _____

If Yes, Date Issued _____ Expiration Date _____

If No, What is status? _____

ASEP (American Sport Education Program) certification? _____

For ASEP certification, date issued _____ Supervised or Unsupervised

3. Educational or Professional Training

School	Location	Degree/Certificate	Dates Attended
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4. References

Name	Address	Position	Telephone Number
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Unified School District 462 does not discriminate on the basis of sex, race, color, national origin, religion, disability or age as to treatment of students in programs and as to employment.

5. Activity Sponsor or Coaching Interest

Please provide in your own words a statement indicating your desire to coach or sponsor any activity in our school. Include any background you have had in an activity and experience you have had at sponsoring or coaching. Share any information on your experiences with students, age levels, and specific ideas or innovations you feel are important in working with students/athletes/activities today. Include a summary of your philosophy on teaching/coaching students. If you feel you have any ideas to make changes in an activity include those ideas as well.

APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

<u>The following statements should be included with job application:</u>

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