

# Chase County Unified School District #284

## Certified Personnel

### Application Form

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital, disability, or veteran status, the presence of non-related medical condition or handicap, or any other legally protected status.

Date:

Name:

First

Middle

Last

Address:

Street

City

State

Zip Code

Telephone number(s):

E-mail address:

Position For Which You Are Applying For:

Elementary

Junior High

Senior High

Are you presently under contract?                      yes      no

If yes, what state issued your license?

Expiration Date:

Type of license held:

Areas of licenser:

*(Please include copy of license with application)*

If not licensed, when do you expect to be licensed?

Extracurricular Activities: List student activities which you are willing to sponsor or direct.

## Education

	Name & Location	Years Attended	Diploma Degree	Major/ Minor
High School:				
Undergraduate College/University:				
Graduate College/University:				

College honors and activities:

Special strengths, talents, and/or unique qualities you possess:

## Employment Experience

*Please list most recent experience first*

School District & Location	Dates Employed	Teaching Duties

## References

Give the name, address and telephone number of four references, including administrative and supervisory personnel who have first-hand knowledge of your skills, training, performance and/or future potential in the area you are applying.

Name	Address	Telephone Number

## **Applicant's Statement**

1. I certify 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 reference 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 liability for any damages that may result from furnishing such information to you.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all liability for the damages that may result from efforts to verify all information given.

Signature of Applicant

Date

***Upon completion, return this application to:***

**USD #284 Chase County  
District Office  
219 Broadway  
Cottonwood Falls, KS 66845  
Website address: [www.usd284.org](http://www.usd284.org)**

Any person having inquiries concerning USD #284 compliance with regulations implementing Title VI, Title IX, or Section 504 is directed to contact the Superintendent of Schools, USD #284, 219 Broadway, Cottonwood Falls, KS 66845, (620)273-6303.

## **FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview:      Yes      No

Date/Time:

Position: