

HODGEMAN COUNTY
USD 227 SCHOOL DIST.

P.O. Box 398, Jetmore, KS 67854

620-357-8301

Fax 620-357-8437

**APPLICATION FOR
EMPLOYMENT**

It will be the responsibility of the applicant to complete all the necessary forms and applications for the specific position or positions for which he/she is applying. This includes this signed, completed application form and job specific questionnaire, resume, placement file (or at least three letters of recommendation) copies of your transcripts, and any other documentation you would like to send. Please send all documents together as one packet, if possible.

Please remember that failure to complete this application accurately may remove you from consideration for employment or may result in termination of employment.

PERSONAL INFORMATION:

Position applied for _____ Date _____

Name _____
Last First Middle

Mailing Address & Street _____
City State Zip Code

Email Address _____

Telephone(s) Home: _____ Work: _____ Cell/Other: _____

Social Security No. _____ Are you legally eligible for employment in this country? ___Yes ___No

If you are currently employed, may we contact your present employer? ___Yes ___No _____

Date you are available to work? _____

Important Note: Hodgeman County USD 227 requires interviews, in person, before hiring. Are you willing to come to Jetmore, KS for an interview? ___Yes ___No

AN EQUAL OPPORTUNITY/ADA EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Those applicants requiring reasonable accommodation to the application and/or interview should notify the Administration Office – 620-357-8301

EXPERIENCE

List all work experience beginning with the most recent position. Attach an extra sheet if necessary.

Dates of Employment From _____ To _____

School _____

Address _____ Phone _____

Supervisor _____

Position _____

Job Description _____

Reason for Leaving? _____

Dates of Employment From _____ To _____

School _____

Address _____ Phone _____

Supervisor _____

Position _____

Job Description _____

Reason for Leaving? _____

Dates of Employment From _____ To _____

School _____

Address _____ Phone _____

Supervisor _____

Position _____

Job Description _____

Reason for Leaving? _____

APPLICANT'S AUTHORIZATION STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of my employment, I understand that false or misleading information given in my application and /or application documents or in my interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I authorize Hodgeman County USD 227 to obtain information about any criminal records I may have. I also authorize all governmental agencies to provide information to Hodgeman County USD 227 about any criminal record I may have. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or other documents submitted will be sufficient cause for this application no to be considered by Hodgeman County USD 227 if I am employed.

I authorize Hodgeman County USD 227 to check my references, to obtain information from my prior employers and educational institutions, to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the release of any and all information or records maintained by the Kansas Department of Family Services. I authorize my listed references, past employers, educational institutions, and anyone else who has information about my work history, education, qualifications, or fitness, to provide such information to Hodgeman County USD 227. I release Hodgeman County USD 227 and all persons providing information Hodgeman County USD 227 from any liability whatsoever for obtaining and providing that information.

Signature of Applicant