

**APPLICATION FORM**  
**FOR Certified**  
**Staff**

**SOUTH BROWN COUNTY USD #430**  
**522 CENTRAL AVE.**  
**HORTON, KANSAS 66439**  
**785-486-2611**

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**HOME ADDRESS:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

**HOME PHONE** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**DATE OF APPLICATION** \_\_\_\_\_

**EDUCATIONAL DATA**

High School and Date of Graduation: \_\_\_\_\_

**College/Technical School training in chronological order:**

College/Technical School	Location	Inclusive Dates	Degree/Hours	Major Field
=====	=====	=====	=====	=====
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

**PROFESSIONAL DATA**

Current Employer \_\_\_\_\_

Exact type of certificate/license (if applicable) you now have \_\_\_\_\_

Date of Expiration \_\_\_\_\_

**Work Experience Relating to Position Applying For:**

<u>Position&amp;Date</u>	<u>Reference</u>	<u>Reference Phone #/Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Physical Limitations, if any: (Please list)**

\_\_\_\_\_  
\_\_\_\_\_

**Other Work Experience (Please list and give dates of employment)**

<u>Position&amp;Date</u>	<u>Reference</u>	<u>ReferencePhone#/Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## OTHER WORK EXPERIENCE

Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Location \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

List Three Professional or Employer References:

Name	Address	Phone #
=====		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is it permissible to contact the above references? \_\_\_\_\_ If no, what date will contacts be permissible?  
\_\_\_\_\_

Have you had any limitations that will not allow you to do heavy lifting, sitting/standing for lengthy periods, computer work for lengthy periods or any other work related to the secretarial position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## APPLICANT JOB APPLICATION ACKNOWLEDGEMENTS

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 your 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.

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Signature of Applicant Applicant's

### Notice of Non Discrimination

Applicants for admission and employment, students, parents of elementary school students, employees, source of referral of application for admission and employment, and all unions or professional organizations holding collective bargaining on the basis of race, color, national origin, sex, age or handicap in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning Unified School District #430 compliance with the regulations implementing Title VI, Title IX, or Section 504 are directed to contact the Superintendent, 522 Central Avenue, Horton, Kansas 66439, 785-486-2611. The Superintendent has been designated by Unified School District #430 to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX and Section 504. Any person may also contact the Assistant Secretary of Civil Right, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, or Section 504.