## APPLICATION FORM FOR CERTIFIED STAFF

# **UNIFIED SCHOOL DISTRICT NO. 273**

# Mitchell County, Kansas

Each applicant for a position in the Unified District 273 Schools will fill in an application form. Failure to comply with the directions given will be to the disadvantage of the applicant. If the applicant is selected and accepts a position in the Unified District 273 Schools, the information given herein becomes a part of the Board of Education's professional record. Therefore, be sure that all information is accurate, complete, and legible. The amount of space provided for answering some items is necessarily and purposely limited; we suggest you word answers to these items carefully. Please be sure to include your complete transcript with this application and notify your placement bureau to send a set of your credentials to the U.S.D. 273 office.

Please provide all information requested and respond to all of the questions on this form.

Superintendent of Schools Unified School District No. 273 P.O. Box 547 3075 US 24 HWY Beloit, Kansas 67420

1.	Name:			Date:		
	(Last)	(First)	(Middle)			
2.	Present Address:	(Street)				
	Phone/s:	(Street)	(City) At this address until (date):	(State) (Zip)		
3.	Permanent Address if Different:		Phone	e:		
4.	Email Address:					
5.	Personal History  a. Do you have any impairments - physical, mental or medical - which would interfere with your ability to do the job for which you have applied? (yes or no):  If Yes, please explain:					
	<ul> <li>b. Do you have or are you a carrier of any communicable disease which may endanger others?</li> <li>If Yes, please explain:</li> <li>c. Are there any positions for which you should not be considered because of a physical or mental handicap?</li> <li>If Yes, please explain:</li> </ul>					
	d. Have you ever been co					

e. Subsection (d) of Section 1 of Senate Bill 432 provides that a local board of education may offer "provisional employment" to a person while the results of a criminal history background check on the person are pending. It further provides that the contract of employment for such a person "shall specify" that the contract is subject to termination if the results of the background check reveal a conviction of an offense, or an attempt to commit an offense, specified in K.S.A. 1999 Supp. 72-1397.

	plying for (Subjects a		y iii Oldei oi Fleie	erence: 
School term for which you	u will be available for	employment.		<u></u>
At the time of making app	olication, are you und			ol term?
Kind of teaching certificat		:LS	DATE OF ISSUE	DATE OF EXPIRATION
List activities you are co groups, student council, publ			ach: (Debate, plays, t	pand, orchestra, voca
List all professional organ	——————————————————————————————————————	u are a memb	er and offices held	d.
UNDERGRADUATE AC universities attended as a school or college		M. Please lis <u>DATES AT</u> FROM	·	chools, colleges a
t your major teaching fields			3	
1. t minor teaching fields you	2. might wish to teach	in order of pre	eference:	
st minor teaching fields you	might wish to teach 2.	in order of pre	eference:	

13. GRADUATE AC	CADEMIC PROGRA		iversities attended a <u>s attended</u> <u>to</u>	s a graduate student. <u>DEGREE, IF ANY</u>
List your graduate r Major: Minor:	•	ds:		
Graduate honors r	eceived:			
What definite plans	s have you for prepa	aring yourself further	for teaching?	
entered, date sep  15. RECORD OF POSITION, NA one company or	EMPLOYMENT. F ME OF EMPLOYEF school. Arrange with	PLEASE GIVE THE R, ADDRESS, AND S h more recent position	DATES OF EMPLOSALARY. Include ch	DYMENT, TITLE OR anges of position withir not include part-time oblication account for any
Dates of Employment	Position	School or Company N	ame, Address, & Phone Nun	nber Salary
				\$
				\$
				\$
				\$
				\$
<u> </u>	characterize <u>your wo</u>	f yourself, stressing the stressing the stress of the stre	•	

17.	Please describe any experiences which you feel have signifithe position you are seeking.	icantly contri	buted to your a	abilities for
18.	In the event we request a personal interview, when would this	s be most co	onvenient?	
19.	<del></del>		five persons f  LENGTH OF  TIME  KNOWN	NATURE OF ASSOCIATION
20.	The space below is provided to permit you to discuss any mainformation already requested which you believe will be of signer attached if you so desire.			

#### 21. INFORMATION FOR THE APPLICANT:

YOUR APPLICATION. We appreciate sincerely the time and interest you have given in completing your application to the Unified 273 School system. We hope to reciprocate this by giving your application prompt consideration. If you have other questions concerning employment in the Unified District 273 Schools or the community itself, we will make every effort to answer them for you.

### **RETURN THIS APPLICATION TO:**

Superintendent of Schools Unified District No. 273 P.O. Box 547, 3075 US 24 HWY Beloit, Kansas 67420

Or Email to: beloitschools@usd273.org

NON-DISCRIMINATION STATEMENT. Unified School District No. 273 does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission, access to, treatment, or employment in its programs or activities.