NESS CITY USD 303
EMPLOYMENT APPLICATION

Please return completed application to the District Office or send via e-mail to nicole.gantz@usd303.org.

Address: 414 East Chestnut, Ness City, KS 67560 **Telephone: 785-798-2210**

PERSONAL

Last Name	First Name, Middle Name
Street Address	Phone Number
City, State, Zip	E-mail Address

Position(s) Desired

☐ Athletic/Activity Sponsor_____
please list position(s)

☐ Bus Driver ☐ School Nurse

☐ Custodial/Maintenance ☐ Para

☐ Food Service ☐ Secretarial

Are you related to a member of the USD 303 Board of Education? ☐ Yes ☐ No

WORK EXPERIENCE

Please list your work experience for the past five years with the most recent experience first.

Employer	Type of Work	From	To
Employer	Type of Work	From	To
Employer	Type of Work	From	To
Reason for leaving last employment:			

EDUCATION

High School Attended:_____ Did you graduate? ☐ Yes ☐ No

College/Vocational School Attended:_____ Did you graduate? ☐ Yes ☐ No

REFERENCES

Give the name, title and business address of three persons able to give information about your qualifications.

	NAME	ADDRESS	POSITION	TELEPHONE
1.				
2.				
3.				

State briefly the qualifications you possess that make you a viable candidate for a position with the school district.

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.

_____ _____

Date Signature of Applicant

Ness City USD 303 does not discriminate 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.

SIGNATURE AND AUTHORIZATION

USD 303 Ness City is an Equal Opportunity Employer. As an equal opportunity employer, this facility will not discriminate unlawfully against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, disability or other legally protected reason.

I authorize USD 303 Ness City to complete a background check and contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions who may have information regarding my professional qualifications, credentials, etc. and to other wise verify the accuracy of all information provided by me in the application.

I certify that I have read, fully understand and accept all terms of the foregoing authorization.

Applicant Name _____

Address _____

_____

Social Security # _____

Date of Birth _____

Other names used _____

Signature _____ Date _____