

**APPLICATION  
UNIFIED SCHOOL DISTRICT 473  
CHAPMAN, KANSAS**

Position applying for \_\_\_\_\_ Date \_\_\_\_\_

Name in full \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number and time you can be reached \_\_\_\_\_

Give full and accurate data regarding your educational and professional training:

	Name of Institution	Major/Minor	Degree	Date	Credits
High School					
College (Undergraduate)					
Special					

Give full and accurate data regarding your previous employment:

Name and address of Employer	Type of Work	Dates	Full or Part Time

REFERENCES: Give four references who have first-hand knowledge of your character, personality, ability, and work experience.

Name	Mailing Address	Official Position
Phone:		
Phone:		
Phone:		
Phone:		

Applications will be screened and candidates selected for interviews. Mail applications and credentials to:  
Office of the Superintendent, Unified School District No. 473, P.O. Box 249, Chapman, KS 67431.

(This application will be placed on file for a period of one year)

Approximate number of work days you have missed during the past three years. \_\_\_\_\_

Responsibilities connected with your present or last position \_\_\_\_\_

Reason for leaving your present or last position \_\_\_\_\_

When could you begin work here? \_\_\_\_\_

It is the policy of Unified School District No. 473 to follow employment practices which consider only qualifications of the applicant for a position, without regard to race, religion, age, sex, or national origin.

If there is information in addition to that requested in this application which you would like for us to consider, please include it in a letter or data sheet and attach to the application when you return it.

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 you to request, receive, and verify all information given on this application and I release you from all liability for any damages that may result from your doing so.

I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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THE FOLLOWING APPLIES TO BUS DRIVER APPLICATIONS ONLY, AND MUST BE COMPLETED BY ANY DRIVER APPLICANT:

Do you hold a current Commercial Driver's License (CDL)? Yes \_\_\_\_\_ No \_\_\_\_\_

Name as it appears on drivers license \_\_\_\_\_

Address as it appears on drivers license \_\_\_\_\_

I have never been convicted of a felony or any offense against public morals. I have not within the past three years been convicted of reckless driving nor had an operator's license revoked. I have not within the past three years had an unsatisfied judgment against me as a result of an accident.

\_\_\_\_\_  
Signature of Applicant