

# HOLTON USD 336

## Educational Application Form

Applicant:

Thank you for your recent inquiry concerning a teaching position in USD 336. This application serves as our acknowledgment of your recent inquiry.

To be considered for a teaching position, each applicant must complete the following steps.

- 1) File the completed educational application form with the office of the Superintendent of Schools in Holton.
- 2) Arrange to have your placement office forward a copy of your most recent teaching credentials to the office of the Superintendent of Schools.

**Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

Phone No. \_\_\_\_\_

**Temporary Address:** \_\_\_\_\_

Phone No. \_\_\_\_\_

What valid Kansas certificate will you hold on September 1 of this year? \_\_\_\_\_

What subjects are you qualified to teach? \_\_\_\_\_

### Education

Name of School & Location	Dates Attended	Date Graduated	Diploma or Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Undergraduate Major:** \_\_\_\_\_

**Minor:** \_\_\_\_\_

**Graduate Major:** \_\_\_\_\_

**List teaching fields in order of preference:** \_\_\_\_\_

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**Teaching Experience**

Fields of Grades	Where	From (Date)	To (Date)	Superintendent

List other work experience.

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Did you participate in extracurricular activities in high school? If so, what activities?

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Would you be interested in performing any supplemental duties? If so, what duties?

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List any honors or special recognition which you received in high school or college.

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List any other information concerning yourself which in your judgment might be helpful as we consider your application.

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**References**

List five names with addresses and phone numbers of people who know you and your abilities sufficiently to serve as references.

- 1) 

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- 2) 

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- 3) 

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- 4) 

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- 5) 

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**Personal Message**

State briefly why you desire this particular position.

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Are you willing to abide by the rules of the USD 336 Board of Education? \_\_\_\_\_

If you are teaching presently, why do you desire to change locations? \_\_\_\_\_

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State limitations you might have in regard to interview times. \_\_\_\_\_

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**Please return this Educational Application to:**

*Director of Special Education  
515 Pennsylvania Avenue  
P. O. Box 230  
Holton, Kansas 66436  
Phone: 785-364-2990  
Fax: 785-364-3975*

**ACKNOWLEDGMENTS**

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 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 complete such investigation and I release you from all liability for any damages that may result from your doing so.

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If offered a position with USD 336, as a condition of employment I shall submit to a physical examination conducted by a physician of the board's choosing, the costs therefore to be borne by the board. This examination may include a screening for illegal drugs.

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Signature of Applicant

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Date

**AN EQUAL EMPLOYMENT/EDUCATIONAL OPPORTUNITY AGENCY**

Holton USD 336 does not discriminate on the basis of sex, race, color, national origin, disability, or age in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the District's compliance with Title VI, Title IX, or Section 504, including information about the existence and location of services, activities, and facilities that are accessible to and usable by disabled, may be directed to the Compliance Coordinator, who can be reached at 785-364-3650, 515 Pennsylvania, Holton, KS 66436, or to the Assistant Secretary for Civil Rights, U. S. Department of Education.

## Authorization and Disclosure for Background Check

We value our employees, volunteers, safety of children in our care and the people whom we serve. In order to help safeguard those in our care, \_\_\_\_\_ has joined National Screening Bureau in conducting criminal background history checks on the volunteers and employees who have unsupervised contact with a child, the elderly or persons with disabilities.

### Disclosure:

Please complete this form of basic information about you, which assures the best possible program and safety for all. All information obtained will be handled in a confidential manner. Information may contain information about your character, general reputation, personal characteristics, mode of living, qualifications and credentials. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I also understand you may make use of the internet including social networking sites. I understand that pursuant to the Fair Credit Reporting Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, NATSB, 920 N Tyler Suite 302, Wichita, KS 67212, toll free (877) 263-4405. I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency.

\_\_\_\_\_ **Oklahoma, Minnesota and California applicants** may obtain a copy of this consumer report by checking this line. This report will be sent to California applicants within three (3) days of the employer receiving the report.

\_\_\_\_\_ **California applicants only:** For consumer reports which were not obtained by a consumer reporting agency, by checking this line you waive the right to obtain a copy of the report. If unchecked, you will receive this report within 7 days of the employer receiving it.

**California only: For reports obtained by NATSB, California applicants also may review the file NATSB maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer/Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal, civil records, driving records, employment verification, education verification, professional license verifications and others.**

### Authorization / Release of Information:

I have carefully read and understand the above Disclosure. I hereby authorize the obtaining of consumer reports and investigative consumer reports at any time after receipt of this authorization. I authorize without reservation, any party or agency contacted by National Screening Bureau or NATSB, acting on behalf of National Screening Bureau, to furnish information about my character, reputation, personal characteristics, credentials, and/or credit and indebtedness. I understand this may involve personal interviews with sources such as schools, employers, supervisors, friends, neighbors, associates, state, federal or local agencies, and public record or law enforcement agencies as well as driving record providers. I further authorize ongoing procurement of these reports at any time during my continued employment or contract for services, unless specifically prohibited by state law. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

< **PLEASE PRINT CLEARLY** >

Last Name	First Name		Middle Name		Other Names Used	
If Married – How Long	Maiden Name		Email		Other Email	
Home Address	City		State		Zip	How Long yrs mths
If less than 7 years at present address Previous Address	City		State		Zip	
Phone #	Sex M F	Date of Birth MM DD YYYY		Social Security #	Drivers License #	
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval				Race	State Drivers License was issued in:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_