

Name _____

Application Form

CERTIFIED PERSONNEL

**ATTICA PUBLIC SCHOOLS
USD #511
718 N. Main - PO Box 415
Attica, KS 67009**

High School	620.254.7915
Elementary School	620.254.7314
Central Office	620.254.7915
Superintendent's Office	620.254.7661
Fax	620.254.7872

**Serving the Community
of
Attica, Kansas**

**Puls Elementary School (K - 6)
Attica Jr. - Sr. High School (7 - 12)**

Date: _____

Name: _____
(Last) (First) (Middle)

Permanent Address: _____
(Street &/or Box #)

(City & State)

Phone: (____) _____

Temporary Address: _____
(Street &/or Box #)

(City & State)

Phone: (____) _____

Position Desired: _____

Have you ever been arrested for moral turpitude: Yes No
If yes, please explain in full. _____

Please list any physical impairment(s) that would interfere with job performance. _____

EDUCATION: (List most recent first.)

School Name	Dates Attended From	To	Location	Date of Graduation	Diploma/ Degree
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Undergraduate
College:

Graduate School:

EMPLOYMENT RECORD: (List most recent first)

Position/Grade	Location	Date From	Date To	Job Descriptions
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List other work experience: (Dates inclusive)

List extracurricular activities in which you participated:

List any special recognition or honors which you have received:

Please add any other information concerning yourself which in your judgement might be helpful as we consider your application:

REFERENCES:

Please list three names, addresses and phone numbers, other than relatives, who can attest to your abilities sufficiently well to serve as a reference for you. Please make sure to include your previous employer.

Please write (in you own handwriting) why you would like to be employed by U.S.D. #511:

USD #511 does not discriminate on the basis of sex, race, color, national origin, age, or disability in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the Board's compliance with Title VI, Title IX, or Section 504 may be directed to the Title IX Coordination, (including information about the existence and locations of services, activities and facilities that are accessible to and usable by disabled persons) who can be reached at 620.254.7661. Attica, Kansas 67009

Complete this form and return to: Superintendent of Schools
Attica Public Schools USD #511
P.O. Box 415
Attica, KS 67009

USD #511 Attica Public Schools

Release Form

My signature below authorizes the school district (USD #511) to conduct a background investigation and authorizes release of information in connection with my application for employment.

This investigation may include such information as criminal convictions, previous employers and educational institutions, personal references, and other appropriate sources such as a credit check (if you are applying for a position for a position where money will be handled) or driving records (if you are applying for a position as bus driver or where you will be driving when the school furnishes transportation).

This release includes the sources cited above and specific examples as follows: the local sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Kansas Department of Social and Rehabilitation Services and any locality to which abuse or neglect investigations involving me.

I waive the right of access to any such information and without limitation hereby release the school district (USD #511) and the reference source from any liability in connection with its release or use.

Date: _____

Signature of Applicant: _____

Affidavit of Continuous Residency

State of Kansas)
) SS:
County of (_____))

I, _____, of lawful age and being first duly sworn on my
 (Name)

oath, allege and state as follows:

1. That I have been a permanent residence of the State of Kansas for the
past _____ years.

2. That I have resided at the following addresses for the past 10 years:
(List most recent first.)

Address (Street Address, Town or City and Zip Code)	From	To

Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____, 20__

Notary Public

My appointment expires: _____