

**USD #339 APPLICATION FOR RULE 10/Aide/SPONSOR**  
**Position Applying For:\_\_\_\_\_**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Present Condition of Health \_\_\_\_\_

Do you have any physical conditions which might limit your ability to perform the job for which you are applying?  
 Yes  No. If "Yes" describe in full. \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No.

Have you ever been convicted of or plead guilty or nolo contendere to a felony or any offense involving moral turpitude?  Yes  No. If "Yes" describe in full.

**EDUCATION (If applicable)**

Name of School	Dates Attended From To	Location	Date of Graduation	Diploma or Degree
Undergraduate College				
Graduate School				

Licensed to teach in Kansas? \_\_\_\_\_ License expiration date: \_\_\_\_\_

**RECENT/PAST EXPERIENCE**

Fields or Grades	Where (Complete Address)	Dates From To	Supervisor/Title

List other work experience: \_\_\_\_\_

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

**REFERENCES**

List the names, addresses, and telephone numbers of two people who know you and your abilities sufficiently well enough to serve as references:

\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

I agree to the following:

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

I agree to observe all rules, regulations and policies of the district now in force and effect or as they may change during my employment if I am hired by the district.

I understand and agree that the board has the option of doing a criminal history records check. The board can terminate employment if the results of the criminal history records check reveal that the administrator has been convicted of any offenses specified in law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Return completed application form to:

Superintendent  
Unified School District #339  
310 5<sup>th</sup> Street  
Winchester, KS 66097

\_\_\_\_\_  
*Jefferson County North Schools, 310 5<sup>th</sup> Street, Winchester, KS, 66097, does not discriminate on the basis of race, color, national origin, sex, handicap or age in admission or access to, or treatment of employment in its programs or activities. Any questions regarding compliance with Title VI, Title IX, or Section 504 may contact: Superintendent of Schools, USD 339, 310 5<sup>th</sup> Street, Winchester, KS, 66097, 913-774-2000, Title IX and Section 504 Coordinator.*  
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