APPLICATION FOR EMPLOYMENT WICHITA COUNTY SCHOUNIFIED SCHOOL DISTRICT LORI MAXWELL, SUPERINTENDENT P.O. DRAWE DELBERT SCHMIDT, WCJSHS PRINCIPAL P.O. DRAWE BRANT DOUGLAS, WCES PRINCIPAL Intervention TAMMY MASON, CLERK LEOTI, KS (620) 375-4677 - FAX (620) 375								
Date of Application Date when available to start work								
Position(s) for which applicati								
Name First	Middle	Last		Maiden				
Address								
Mailing Address		City		State Zip Code				
Telephone No.	Cel	l Phone No						
Are you over the age of 18? _	_YesNo							
EDUCATION								
Name of School		Address		Dates Attended	Grade Completed			
High School								
College								
Business or Trade								
Other								

Do you have any physical limitations that would prevent you from performing this work? Yes \Box No \Box If yes, please explain _____

Special skills or qualifications for this position:

Have you ever been convicted of a felony? _____ If yes, please explain.____

WORK EXPERIENCE: (List most recent first)										
Employer Name & Address		Type of Work	From - To	Reason for Leaving						
REFERENCES: (List former employers and personal)										
Name	Title		Address		Telephone #					

I certify that the facts set forth in this application are true and complete, and I hereby authorize USD #467 to contact former employers, references and others for information regarding my qualifications for this position. I also understand that I may be asked to complete a skills test for this position as well.

Signature: _____

AN EQUAL OPPORTUNITY EMPLOYER

USD #467 does not discriminate against any otherwise qualified applicant, employee, or student on the basis of handicap, race, creed, national origin, marital status, or sex.