

# USD #505 Chetopa-St. Paul

## Application for Classified Employment

*“Making a Difference, Changing Children’s Lives, Sharing the Wonders of the World”*

**Central Office and Chetopa Campus:**

430 Elm Street  
Chetopa, KS 67336  
Ph: 620.236.7244  
FAX: 620.236.4271  
E-mail: [bwilliams@usd505.org](mailto:bwilliams@usd505.org)

**St. Paul Campus:**

118 First Street  
St. Paul, KS 66771  
Ph: 620.449.2245  
FAX: 620.449.8960  
E-mail: [bwilliams@usd505.org](mailto:bwilliams@usd505.org)

Our mission: to provide an environment which offers every student the opportunity to receive a meaningful education.

USD #505 is an equal employment and educational opportunity agency.

Today’s date \_\_\_\_\_ Your e-mail address: \_\_\_\_\_

- Full Legal Name: \_\_\_\_\_
- Permanent Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)
  - Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_
- Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_
- Driver’s License Number: \_\_\_\_\_
- Position Applied For: \_\_\_\_\_
- If you are related to anyone in our employment or who serves as a board of education member, please indicate that person and his/her position: \_\_\_\_\_

In addition to this application form completed in its entirety, please provide the following information (to be delivered in one package) to the office of the campus where the job is located:

- A letter of application
- A copy of your driver’s license
- A minimum of three references with complete contact information
- Any other information regarding your knowledge, skill, and experience relative to the job for which you are applying

Complete the following to the best of your ability: EDUCATION:

Name of...	Location of...	Dates Attended	Diploma or Degree
High School			
Trade School			
College			
Other			

**WORK EXPERIENCE:**

Dates: From / To...	Name, Address, and Phone Number of Place of Employment	Supervisor's Name	Job Title and Description	Reason for Leaving

- **Moral turpitude** is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between person, including, but not limited to theft, attempted theft, murder, rape, swindling, and indecency with a minor. Have you ever been convicted of or pled guilty or *nolo contendere* to a felony or any offense involving moral turpitude?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- Why are you seeking to change positions or why did you leave your last position? \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been dismissed or asked to resign from employment? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are you aware of any reason you would not be able to perform the duties for the position as they have been explained to you? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Job Application 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 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.

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Signature of applicant

Date

## Residency History

List (in reverse chronology) your residence addresses for the past ten years:

Address (Street Address, PO Box, Town, State, Zip)	From...	To...
