



CLASSIFIED STAFF EMPLOYMENT APPLICATION

Prairie Hills USD 113 is an equal opportunity employer and does not discriminate on the basis of race, Religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

Date: ____ / ____ / ____

Applicant Information *(Information will be used to complete background screening)*

 First Name Middle Initial Last Name

 Address City State Zip

 Cell Phone Home Phone Email

 Driver's License # Driver's License State

Applicant Questionnaire

 Desired Position Date Available Years of Experience

Are you able to meet the Physical Requirements of this position without accommodation? Yes

Would you accept temporary or part-time work? Yes

Have you ever been convicted of a felony or any crime other than a minor traffic violation? Yes

*If yes, please explain: _____

Education History

Begin Date	End Date	School Name	Location	School Type	Type of Degree/Diploma
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Employment History (List below your last four employers, starting with the most recent first.)

Begin Date	End Date	Employer Name	Location	Position	Reason for Leaving	May we Contact
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>

Professional References (Include three non-related references.)

Name	Phone Number	Association	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Statement (Please read this statement carefully before signing this application.)

I authorize USD 113 to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release USD 113 and its representatives or agents, from any liability that might result from such investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I certify that all statements in this completed application are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant

_____/_____/_____
Date

..... **DO NOT WRITE BELOW THIS LINE**

<<<<<<<<< FOR EMPLOYER USE ONLY >>>>>>>>

_____/_____/_____
Start Date

_____/_____/_____
Termination Date

_____/_____/_____
BOE Approved Date

SALARY SCHEDULE

Position/Supplemental	Step	Level	Amount	Effective Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____