



**USD 294, Oberlin**  
**131 E Commercial Oberlin, KS 67749**  
**Dr. Joel Applegate, Superintendent**  
**Ph (785)-475-3805 Fax (785)-475-3076**  
**www.usd294.org**

### Classified Application

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City ST Zip

Home Phone \_\_\_\_\_ Mobile/Business Phone \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position Applying for \_\_\_\_\_

Do you have any relatives who work for the District or who serve on the Board of Education?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state name and relationship \_\_\_\_\_

Kansas Residency? \_\_\_\_\_ Yes \_\_\_\_\_ No How many years? \_\_\_\_\_

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 required of the position for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

	Name	Location	Dates Attended	Diploma or Degree
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Business/Trade	_____	_____	_____	_____
Other	_____	_____	_____	_____

## WORK EXPERIENCE

List all experience starting with most recent

From - To	Company	Job Title	Salary	Supervisor's Name
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any equipment/devices/software with which you have had experience applicable to the position you're applying for:

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List any additional information regarding your knowledge, skills and experience relative to the job for which you are applying:

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**REFERENCES**

Name	Position/Company	Phone#
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**AGREEMENT**

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause of disqualification of this application or termination of employment. Furthermore it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further 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 employed by the District.

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Signature of Applicant

## ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports and/or "investigative consumer reports" by Northwest Kansas Educational Service Center at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. no. 1-888-946-8355; [www.intellicorp.net](http://www.intellicorp.net)

I do \_\_\_ or \_\_\_ do not authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature (if under 18)

\_\_\_\_\_  
Date

### Personal Data

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates lived here

\_\_\_\_\_  
Date of Blrth

\_\_\_\_\_  
Other names used (incl. Maiden name)

\_\_\_\_\_  
Years used

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Driver's License State

Email address (may be used for official correspondence) \_\_\_\_\_