

# WEST KINGMAN COUNTY/CUNNINGHAM USD #332

104 W 4th., P.O. Box 67  
Cunningham, KS 67035  
620.298.3271

## Employment Application *Licensed Position*

**APPLICATION FOR POSITION(S) CHECKED**

- Elementary       Secondary       Substitute  
 Counselor       Principal       Other \_\_\_\_\_

**PERSONAL INFORMATION** (Please print)

NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Name or Initial)

CURRENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

PERMANENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone number where you may be reached \_\_\_\_\_ May we leave a message? \_\_\_\_\_  
(Please indicate whether HOME, CELL, or BUSINESS phone number)

Email Address \_\_\_\_\_

May we contact your previous employer and present employer if you are chosen for an interview? \_\_\_\_\_

**LICENSURE AND QUALIFICATIONS**

Are you currently licensed in Kansas? \_\_\_\_\_ If not, are you in the process of obtaining Kansas licensure? \_\_\_\_\_

When do you anticipate obtaining your Kansas License? \_\_\_\_\_ Date You Could Start Employment \_\_\_\_\_

How many years of experience do you have in the education profession? \_\_\_\_\_

Are you interested in teaching special education? \_\_\_\_\_ Are you currently licensed to teach special education? \_\_\_\_\_

Please list your professional endorsements

GRADE LEVEL	STATUS	STATE	START	END

College or University Placement Office where your credentials are on file: \_\_\_\_\_

**OTHER NAME(S) UNDER WHICH YOUR RECORDS MAY BE FOUND**

NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Name or Initial)

**EDUCATIONAL BACKGROUND**

SCHOOLS	NAME AND LOCATION	DATES ATTENDED	DEGREE(S)/CERTIFICATION(S) EARNED
Elementary School			
High School			
College/Undergraduate			
College/Graduate			

**PROFESSIONAL EXPERIENCE**

EMPLOYER	ADDRESS	SALARY
DATES OF EMPLOYMENT	POSITION	REASON FOR LEAVING
FROM: TO:		
EMPLOYER	ADDRESS	SALARY
DATES OF EMPLOYMENT	POSITION	REASON FOR LEAVING
FROM: TO:		
EMPLOYER	ADDRESS	SALARY
DATES OF EMPLOYMENT	POSITION	REASON FOR LEAVING
FROM: TO:		

**PROFESSIONAL REFERENCES** (Please list three (3) professional references.)

- |            |                  |       |
|------------|------------------|-------|
|            |                  |       |
| Name/Title | Complete Address | Phone |
- |            |                  |       |
|------------|------------------|-------|
|            |                  |       |
| Name/Title | Complete Address | Phone |
- |            |                  |       |
|------------|------------------|-------|
|            |                  |       |
| Name/Title | Complete Address | Phone |

I understand that employment with USD #332 is dependent upon a satisfactory physical examination, which includes a tuberculosis test. I authorize the full release of information described on the attached "Authorization & Waiver" form, without reservation, during the application process and throughout any duration of my employment at USD #332. I also acknowledge the receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act".

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**72-5213: Certification of health...**(a) Every board of education shall require all employees of the school district, who come in regular contact with the pupils of the school district, to submit a certification of health on a form prescribed by the secretary of health and environment and signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is licensed as a physician assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a certificate of qualification to practice as an advanced registered nurse practitioner under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery. The certification shall include a statement that there is no evidence of physical condition that would conflict with the health, safety, or welfare of the pupils; and that freedom from tuberculosis has been established by chest x-ray or negative tuberculin skin test...

Notwithstanding any other provision to the contrary, employment with USD #332 is subject to termination by the employing Board of Education, without further proceedings and without reference to any other law or contractual arrangement, if the results of the criminal history records check required by state law reveal this employee has been convicted of any offense, or of any attempt to commit any offense, specified in K.S.A. 1999 Supp. 72-1397, and amendments thereto.

**CUNNINGHAM USD #332**  
**104 W 4<sup>th</sup> St., P.O. Box 67**  
**Cunningham, KS 67035**  
**620.298.3271**  
**www.usd332.com**

Scott DeWeese, President  
Brent Hansen Vice-President  
Joyce Gridley, Member  
Brent Miller, Member  
Travis Thimesch, Member  
Kurt Preisser, Member  
Vicki Oldham, Member

Robert Reed, Superintendent/Principal  
Bart Ricke, AD  
Stacy Webster, Clerk  
Kristen Young, Treasurer

**AUTHORIZATION & WAIVER**

As part of the application process for employment at USD 332, I understand that USD 332 and/or its agent, National Screening Bureau, will conduct an investigation of my personal information. The investigation might include, but is not limited to, names/dates of current/previous employment, all personal recollections and/or information in your files concerning me, my character, general reputation, personal characteristics, personal history, military service, work experience, worker's compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, names and dates of education, credit history (including consumer reports, credit ratings, and bankruptcy records), complaints or grievances filed by or against me, background investigations, disciplinary actions, and internal affairs investigations and discipline.

I authorize without reservation the full release of this information to USD 332 and/or its agent, National Screening Bureau. This authorization is executed with full knowledge and understanding that the information is for the office use of USD 332, and will be considered as part of their pre-employment background investigation in determining my qualifications and fitness for the position which I seek. Consent is granted for USD #332 to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I also authorize the full release of the information described above, without reservation, throughout any duration of my employment at USD 332.

I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

I release and discharge you, your organization, USD 332 and its agent, National Screening Bureau, and all related agents and representatives, any expenses, losses, damages, liabilities, or any other charges or complaints which may result to me, or my heirs because of compliance with this authorization and request to release information or for the investigation process.

A photocopy of this form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. You may retain this form in your files. Should there be any questions as to the validity of this authorization, you may contact me as indicated below.

**Applicants' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have received a copy of "A Summary of your Rights"

**The following must be filled out completely for your application to be considered.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Other names used: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

\*Note: Date of birth is requested only for purposes of identification in obtaining accurate retrieval. Upon request, National Screening Bureau will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: National Screening Bureau, 200 W Douglas, Suite 600, Wichita KS 67202 or by contacting National Screening Bureau at 1-877-263-4405.

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

**\*You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**\*You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**\*You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**\*You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**\*Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**\*Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**\*Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**\*You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**\*You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you

can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

**\*You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**\*Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS	CONTACT:
Consumer reporting agencies, creditors, and others not listed below	<b>Federal Trade Commission: Consumer Response Center – FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National or initials “N.A.” appear in or after bank’s name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051