

# CIRCLE UNIFIED SCHOOL DISTRICT #375

901 Main -- P O Box 9 -- Towanda, KS 67144

Phone: 316-541-2577 Fax: 316-536-2249

www.usd375.org

## Administrative Personnel Application

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Phone Number: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Position applying for: \_\_\_\_\_

### EDUCATION HISTORY

Name and Location of High School and Colleges Attended	Dates Inclusive	Degrees/Diplomas	Major Field	Hours Earned

### PROFESSIONAL DEVELOPMENT SEMINARS or WORKSHOPS

Name/Topic	Dates	Name/Topic	Dates

Certificates/Licenses in Force: \_\_\_\_\_  
State Date Issued Expires

Type and Level of Certification/Licensure: \_\_\_\_\_

Professional and Civic Organizations and Activities:

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Are you related to any employees of Circle USD 375? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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**EMPLOYMENT RECORD**

List most recent employment first. Please explain any gaps in employment.

Name of Employer	Location	Position	Dates Inclusive

Total number of years of classroom teaching:

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Total number of years of administrative experience:

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**CRIMINAL BACKGROUND CHECK:**

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give dates and explanation:

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**REFERENCES**

Name	Address	Phone Number	Official Position

**State why you desire this position:**

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**Describe an outstanding administrator:**

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**The space below is provided to permit you to discuss any additional experiences or qualifications which you believe would make you the most qualified person to fill the vacancy.**

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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 Circle USD 375 to investigate my background pursuant to K.S.A 22-4710, including all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal and otherwise, and release all parties from liability for any damage that may result from furnishing the same to you. I authorize any background checks by any third party. 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. I further understand that a contract will only be issued after the background check is completed and I am recommended for employment and approved by the Board of Education. Further conditions of employment are identified in the contract.

**Signature of Applicant:**

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