

ACES After School Program

Lincoln Elementary

201 E 1st

Caney, KS 67333

lauren.thornton@caney.com

ACES After School Support Staff Member

(Please Print or Type)

Full Name _____

Address, City, State, Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

EDUCATION

	Name of Institution and Location	Type of Degree or Diploma	Years of Attendance
High School (Last Attended)			
Vocational/Business or Technical School			
College or University			

EXPERIENCE

List most recent work experience first. If you have no work experience, list teachers.

Dates of Employment			
From	Employer	Address	Telephone
To	Supervisor	Job Description	
From	Employer	Address	Telephone
To	Supervisor	Job Description	
From	Employer	Address	Telephone
To	Supervisor	Job Description	

REFERENCES

Give the names and addresses of three (3) people (no relatives) you have worked with and whom we may call for a reference.

Name	Company/Position	Address	Telephone

Do you have experience working with children? _____

Please list skills/experience which will help qualify you for this position.

Please list any sports that you play with might affect your attendance during after school hours.

List any after school activities that will affect your attendance or punctuality. (such as band, choir, plays, media club, scholar's bowl, Neewollah activities.)

APPLICANT'S STATEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. I understand any misstatement, falsification, or omission of information is grounds for refusal to hire. It is understood that this application and records become the property of the District which reserves the right to accept or reject it.

I authorize the District to conduct work history, personal inquiries of any of the persons referenced in this application, and police record inquiries to give 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 to determine my acceptability for employment. I release all parties from all parties from all liability for any damages that may result from furnishing such information to the district.

I authorize you to request, receive, and verify all information given on this application and release you from all liability for any damages that may result from doing so.

I further acknowledge that I am employed by the District, my employment will be at-will and may be terminated with or without cause at any time by me or by the District. I have read the job description and the physical requirements of the job and can do the job as stated. I further agree to observe all rules, regulations, and policies of the District.

Signature of Applicant

USD 436 requires a criminal background check on all applicants prior to hiring. Please complete and sign the following:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted or are you currently charged with the commission of any type of felony?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted or are you currently charged with the commission of a misdemeanor involving a minor?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed by USD 446?

EQUAL EMPLOYMENT BACKGROUND CHECK CONSENT FORM

This is to certify that I have given my consent for USD 436 to complete a background check on me as part of the employment requirements of the district.

I am aware that my employment does not become final until the result of the background check is received by USD 436 and until approved by the USD 436 Board of Education.

I understand and agree that if I am offered provisional employment in the school district that my fingerprints will be take and a request made for a state and national criminal background check. I further understand that if the results of this criminal history check reveal that I have been convicted of any offense or any attempt to commit any offense specified in K.S.A 1999 Supp. 72-1397 and amendments thereto that my employment may be terminated.

SIGNATURE _____ DATE _____