

WACONDA UNIFIED SCHOOL DISTRICT #272

**708 Locust St.
Cawker City, KS 67430
785-781-4328**



Superintendent: Jesse Janssen email: jesse.janssen@usd272.org
Principal: Kayla Hamilton email: kayla.hamilton@usd272.org

EMPLOYEE APPLICATION FOR PROPOSED CHILDCARE CENTER

Application Date: _____

PERSONAL INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email: _____

Are you of the age 18 or older? Yes No U.S. Citizen: Yes No

Are you willing to provide your Social Security Number if hired? Yes No

In Case of Emergency, contact:

Name: _____ Relationship: _____

Address: _____

Phone: () _____ Phone () _____

Are you under a doctor's care? Yes No If yes, explain: _____

Are you able to lift up to 25 lbs? Yes No If no, explain: _____

Do you have any disabilities? Yes No If yes, explain: _____

Are you presently employed? Yes No

Position applying for: _____ Preferred Age Group: _____

Group Care Experience: _____

Part Time Full Time Expected Salary: _____

Hours/Days you cannot work: _____

Will you have a child attending this childcare center? Yes No

EDUCATIONAL BACKGROUND

Name of High School Attended: _____ Received Diploma or Equivalent? Yes No

College (If applicable): _____ Received Diploma or Equivalent? Yes No

Major: _____

Postgraduate College: _____ Received Diploma or Equivalent? Yes No

Major: _____

EMPLOYMENT HISTORY Please list previous employment, starting with most recent (*You may attach a resume with additional information*)

May we contact the individuals below for references to your work? Yes No

If no, please explain: _____

- Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number _____

- Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number _____

- Place of Employment _____ Position _____

Duties _____

Start Date _____ Ending Date _____

Reason for Leaving _____

Supervisor _____ Phone Number _____

By completing and signing this application, you give permission for Waconda Unified School District #272 and/or The Kansas Department of Health and Environment to contact your references, verify your past work history, conduct a criminal background check, verify your driving record, and contact your previous employers to determine your suitability in working in the child care center. You also affirm that the information is true to the best of your knowledge and agree to release the Waconda Unified School District #272 and/or The Kansas Department of Health and Environment for any liabilities that result from the verification.

If the applicant is selected and accepts the position, the information given within becomes part of the employee's personnel file. Therefore, be sure that all information is accurate, complete and legible. You may include a resume with this application. Upon employment, a satisfactory physical examination will be required.

Applicant _____ **Date** _____

Please list 3 personal references (not related to you)

- 1. **Name:** _____
Address: _____
Phone Number: _____
How do you know this person? _____
- 2. **Name:** _____
Address: _____
Phone Number: _____
How do you know this person? _____
- 3. **Name:** _____
Address: _____
Phone Number: _____
How do you know this person? _____

Do you have any special skills or talents that would be beneficial in working with young children?
(Please include administrative, organizational and communication skills.)

Explain:

Do you have any past experience working as a “team member”?

Explain:

Have you ever plead guilty or been convicted of a felony? Yes No

If yes, give details:

Please return this application to:

**Waconda USD #272
Attn: Board Clerk
PO Box 326
Cawker City, KS 67430**