

APPLICATION FOR EMPLOYMENT
KANSAS STATE SCHOOL FOR THE BLIND
1100 State Ave., Kansas City, KS 66102
E-Mail: hr@kssdb.org
Phone Number: 913/305-3004 Fax: 913/621-2310

School Vision: "The right help, at the right time, in the right location for students with visual impairments"

(Type or print using black pen. Furnish ALL information requested on this application.)

NAME: _____ ADDRESS: _____
Last, First & Middle Street Apt. #

Telephone #: (____) _____
Area Code Number City State Zip Code

Cell Phone #: _____

E-Mail Address: _____

Best way to contact me: _____

Position (s) Applied For: _____
Minimum salary expected: _____
Availability date to start: _____

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EDUCATION AND TRAINING

H.S. Diploma-GED / COLLEGE / UNIVERSITY, BUSINESS, VOCATIONAL PROGRAMS:

Name & Address	From mm / yy	To mm / yy	Semester Credit Hrs.	Degree	Teaching Certificates Major/Minor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

All applicants must furnish OFFICIAL transcripts upon offer of employment.

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List any Administrative or teaching certification endorsements in education you currently hold: _____

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EMPLOYMENT HISTORY

State FULL details as requested. Failure to do so may hinder your application due to lack of information. At minimum, list your past TEN years of employment (begin with most recent first). List ALL that is directly related to the position you are applying for and attach additional sheets if necessary. The following statement: **"See Resume" is NOT acceptable.**

.....

Employer Name: _____

Complete Address: _____

Street

City

State

Zip Code

From: _____ To: _____
mm / yy mm / yy

Telephone #: (_____) _____
Area Code Number

Supervisor's Name: _____
First Last

Last Salary: _____
Per Month / Hour

Position title: _____

Describe your duties: _____

Did you supervise? _____ If yes, how many? _____ Their Titles: _____
Why did you leave? _____

Employer Name: _____

Complete Address: _____

Street

City

State

Zip Code

From: _____ To: _____
mm / yy mm / yy

Telephone #: (_____) _____
Area Code Number

Supervisor's Name: _____
First Last

Last Salary: _____
Per Month / Hour

Position title: _____

Describe your duties: _____

Did you supervise? _____ If yes, how many? _____ Their Titles: _____
Why did you leave? _____

Employer Name: _____

Complete Address: _____

Street

City

State

Zip Code

From: _____ To: _____
mm / yy mm / yy

Telephone #: (_____) _____
Area Code Number

Supervisor's Name: _____
First Last

Last Salary: _____
Per Month / Hour

Position title: _____

Describe your duties: _____

Did you supervise? _____ If yes, how many? _____ Their Titles: _____
Why did you leave? _____

Employer Name: _____
Complete Address: _____
Street City State Zip Code

From: _____ To: _____ Telephone #: (_____) _____
mm / yy mm / yy Area Code Number

Supervisor's Name: _____ Last Salary: _____
First Last Per Month / Hour

Position title: _____ Describe your duties: _____

Did you supervise? _____ If yes, how many? _____ Their Titles: _____
Why did you leave? _____



Employer Name: _____
Complete Address: _____
Street City State Zip Code

From: _____ To: _____ Telephone #: (_____) _____
mm / yy mm / yy Area Code Number

Supervisor's Name: _____ Last Salary: _____
First Last Per Month / Hour

Position title: _____ Describe your duties: _____

Did you supervise? _____ If yes, how many? _____ Their Titles: _____
Why did you leave? _____



List below other training you have received such as special courses, work training programs, additional skills, or volunteer services which you feel enhance your qualifications for the position you are applying for.

State any days or hours you are NOT willing to work: _____



AFFIRMATION:

1. From the list of duties for the position description/job announcement can you perform the essential functions of this job with or without a reasonable accommodation? If no, please explain: _____

2. Have you ever been convicted of a felony? _____ If yes, please explain: _____

Conviction of a felony is not an automatic bar to employment. The school will consider the nature of the offense, the date of the offense, and the relationship of the offense to the position for which you are applying.
3. Are you currently legally authorized to work in the United States? _____
4. May we contact your current / past employer (s) for references? _____
5. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is CAUSE FOR DISMISSAL. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without good cause without any previous notice. I understand that if employed I will be required to sign an authorization for investigation with Alcops, Inc., the Kansas Social Rehabilitation Services and Kansas Bureau of Investigation. I also, understand that I am required to abide by all rules and regulations of the Kansas State School for the Deaf.

Applicant Signature

Date Submitted

If a conditional job offer is made, you will be required to complete a Tuberculosis skin test and Health Certificate at your own expense.

If you are interviewing for a current opening you will be asked if you can meet the work schedule as announced. KSSB requires a minimum of one personal interview with the Interview Selection Committee.

This application shall be considered active for a period of ninety (90) days. Any applicant wishing to be considered for employment beyond this time period shall resubmit an updated application. All applicants are considered without regard to race, color, religion, sex, sexual orientation, national origin, age, ancestry, political affiliation, veteran status, the presence of a disability, or any other non-merit factor as deemed by the U.S. Supreme Court. Specific complaints of alleged discrimination should immediately be brought to the attention of the Human Resources Director: 913/791-0500 V/TTY.

KSSB EMBRACES DIVERSITY

SPECIAL NOTE: If you require an accommodation because of a disability in order to participate in the application and/or interview process, please notify the Human Resources office at (913) 791-0501. V / TTY

KSSB is a tobacco free campus!

****AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER****

Revised: 02/18