

APPLICATION FOR EMPLOYMENT

**OFFICE OF THE SUPERINTENDENT
LONE JACK C-6 SCHOOL DISTRICT
LONE JACK, MO 64070
Telephone: (816) 697-3539
Fax: (816) 697-8869**

FILL IN ALL BLANKS ACCURATELY AND COMPLETELY

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

Phone No: _____

Previous address, if less than six months above:

JOB APPLYING FOR: _____

Have you had experience working around children ages 5 to 18? _____

JOBS HELD PAST THREE YEARS

<u>Employer</u>	<u>Supervisor</u>	<u>Type of Work</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? _____

ON THE BACK SIDE OF APPLICATION, PLEASE LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THREE PEOPLE WHO CAN SPEAK TO YOUR CHARACTER AND/OR SKILLS NEEDED FOR THE JOB YOU ARE APPLYING.

STATEMENT: All information provided on this application is true to the best of my knowledge and belief. I authorize the Superintendent of Schools to investigate my background using police records and any other source that will reveal information as to my character, aptitude and abilities for the job.

Signed _____ Date _____

The Lone Jack School District is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, sex, age or religion.