

CHENEY UNIFIED SCHOOL DISTRICT USD 268
CLASSIFIED PERSONNEL - APPLICATION FOR EMPLOYMENT
Pre-Employment Questionnaire
An Equal Opportunity Employer

1. PERSONAL INFORMATION:

Name _____ SSN: _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number(s): _____ - _____ - _____ or _____ - _____ - _____

Person to Notify in case of Emergency: _____
Name Telephone

2. EMPLOYMENT DESIRES/QUALIFICATIONS:

Please indicate in order of preference, the positions(s) you desire and for which you are qualified.

Position 1 _____

Position 2 _____

Position 3 _____

List all skills in which you are licensed or for which you have credentials:

Type of license/certificate held: _____ Date issued: _____ Date Expires _____
(State)

Type of license/certificate held: _____ Date issued: _____ Date Expires _____
(State)

Type of license/certificate held: _____ Date issued: _____ Date Expires _____
(State)

Date you can start: _____ Salary Desired: _____

3. EDUCATION AND TRAINING:

Name of Location Of Institution	Number of Years Attended	Certificate or License	Degree Received	Date Received
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1. _____

2. _____

3. _____

4. _____

5. _____

4. RECORD OF JOB EXPERIENCE:

Name & Address Of Company	Job/Work Assignment	Employed From-To	Salary	Reason for Leaving
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- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

5. PERSONAL REFERENCES: (Personal, and at least one Business Reference)

Name/Position	Mailing Address/Zip	Telephone Number
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- 1. _____
- 2. _____
- 3. _____

6. GENERAL INFORMATION REQUIRED:

a. Please provide a statement indicating the reason(s) you want to work in our schools. Include any background you have had in schools or educational institutions. (Attach or Enclose) This office will arrange interviews, and selection will be made on the basis of merit alone.

b. Have you ever been convicted of a felony? YES _____ NO _____ (This information will not necessarily bar employment. Factors such as age, time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

c. The information furnished on this application is true and accurate to the best of my knowledge. Any misstatements or omissions of material facts in this application may be cause for dismissal. I understand that I may be required to take one or more tests (physical examination, drug screening, job related) as a condition of hiring or continued employment.

Superintendent of Schools
Cheney USD 268
100 W. 6th St.
Cheney, KS 67025
316-542-3512

I hereby authorize Cheney USD 268 to conduct a work history, background check or personal reference check to determine my acceptable employment. YES _____ NO _____
(Additional documents will need to be signed for authorization to perform background checks.)

Your Signature _____ Date _____

CHENEY USD 268 DOES NOT ENGAGE IN DISCRIMINATORY PRACTICES IN COMPLIANCE WITH REGULATIONS IMPLEMENTING TITLE VI, TITLE IX, AGE, SECTION 504 OR TITLE II OF THE AMERICANS WITH DISABILITIES ACT 1990.

Authorization and Disclosure for Background Check

We value our employees, volunteers, safety of children in our care and the people whom we serve. In order to help safeguard those in our care, _____ has joined National Screening Bureau in conducting criminal background history checks on the volunteers and employees who have unsupervised contact with a child, the elderly or persons with disabilities.

Disclosure:

Please complete this form of basic information about you, which assures the best possible program and safety for all. All information obtained will be handled in a confidential manner. Information may contain information about your character, general reputation, personal characteristics, mode of living, qualifications and credentials. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I also understand you may make use of the internet including social networking sites. I understand that pursuant to the Fair Credit Reporting Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, NATSB, 920 N Tyler Suite 302, Wichita, KS 67212, toll free (877) 263-4405. I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency.

_____ **Oklahoma, Minnesota and California applicants** may obtain a copy of this consumer report by checking this line. This report will be sent to California applicants within three (3) days of the employer receiving the report.

_____ **California applicants only:** For consumer reports which were not obtained by a consumer reporting agency, by checking this line you waive the right to obtain a copy of the report. If unchecked, you will receive this report within 7 days of the employer receiving it.

California only: For reports obtained by NATSB, California applicants also may review the file NATSB maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer/Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal, civil records, driving records, employment verification, education verification, professional license verifications and others.

Authorization / Release of Information:

I have carefully read and understand the above Disclosure. I hereby authorize the obtaining of consumer reports and investigative consumer reports at any time after receipt of this authorization. I authorize without reservation, any party or agency contacted by National Screening Bureau or NATSB, acting on behalf of National Screening Bureau, to furnish information about my character, reputation, personal characteristics, credentials, and/or credit and indebtedness. I understand this may involve personal interviews with sources such as schools, employers, supervisors, friends, neighbors, associates, state, federal or local agencies, and public record or law enforcement agencies as well as driving record providers. I further authorize ongoing procurement of these reports at any time during my continued employment or contract for services, unless specifically prohibited by state law. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

< **PLEASE PRINT CLEARLY** >

Last Name	First Name	Middle Name	Other Names Used	
If Married – How Long	Maiden Name	Email	Other Email	
Home Address	City	State	Zip	How Long yrs mths
If less than 7 years at present address Previous Address	City	State	Zip	
Phone #	Sex M F	Date of Birth MM DD YYYY	Social Security #	Drivers License #
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval			Race	State Drivers License was issued in:

Signature: _____

Date: _____

MVR Authorization

As part of employment at _____, I understand that a MVR (motor vehicle record) search will be performed upon initial offer and annually thereafter .

I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the above stated company.

In addition, I release and discharge National Screening Bureau, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process.

Upon Request, National Screening Bureau will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: National Screening Bureau, 920 N Tyler, Suite 302, Wichita, KS 67212 or by contacting us at 1-877-263-4405.

Signature: _____ **Date:** _____

The following must be filled out completely for your application to be considered.

< Please Print >

Last Name	First Name			Middle Name	Other Names Used
State Drivers License was issued in:	Sex M F	Date of Birth MM DD YYYY			Drivers License #

REQUEST FOR WORKERS COMPENSATION RECORDS

K-WC 97 (Rev. 6-12)

Official Use Only

Requestor name: _____ Phone: (316) 542-3512

Company or Entity: Cheney Unified School District #268 Fax: (316) 542-0326

Address: 100 W. 6th Ave.

City, State, ZIP: Cheney, KS 67025

Worker's name: _____ SSN: _____

Records sought: Accident report summaries Docket summaries Actual filings
 Electronic download (registered users only; if not yet registered, see K-WC 96)

In order to acquire accident reports or medical records, the requestor **must** be in category I or II below. Specify which categories pertain to you and provide the accompanying information:

- I) Are you: the employer of a worker seeking workers compensation benefits
- an insurance carrier with coverage of a worker seeking workers compensation benefits
- an insurance carrier's attorney/representative for the employer

Date of accident: _____

- II) Are you: an employer which has made a conditional offer of employment to the individual whose records are sought
- an insurance carrier of an employer which has made an employment offer to the individual whose records are sought
- an insurance carrier's attorney/representative for the employer

Type of job conditionally offered to the individual: _____

The following release must be signed by the worker to whom the offer of employment was made:

I hereby verify that I have been offered employment by the individual or entity requesting my records from the Kansas Division of Workers Compensation and give the division permission to release the records specified to the individual or entity making the request.

Signature of worker: _____ Date: _____

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of requestor _____ Date: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:

CRA's, creditors and others not listed below

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580
1-877-382-4367 (Toll-Free)

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051