

**Spring Hill, Kansas
Unified School District #230**



101 E. South Street
Spring Hill, Kansas 66083
Phone: 913-592-7200
Fax: 913-592-7270

| <i>For Office Use Only</i> | |
|----------------------------|-------------|
| | DATE |
| Application Received | ___/___/___ |
| Interview Scheduled | ___/___/___ |
| By: (Signature) | |

**EMPLOYMENT APPLICATION
CLASSIFIED PERSONNEL**

Notice to Applicant:

It is the policy of the Board of Education of Unified School District No. 230, Spring Hill, Kansas to assure equal opportunity to qualified individuals regardless of their race, religion, color, sex, disability, national origin, ancestry, or age, and to promote the full realization of equal employment opportunities to everyone.

This policy covers all aspects of employment relationship including recruitment, hiring, placement, promotion, transfer, training and opportunity, compensation, layoff, termination, and harassment.

Date of filing application: ___/___/___

Date When Available: ___/___/___

Name (Last, First, Middle): _____

Present Address: Street: _____

City/State/Zip: _____

County: _____ E-mail Address: _____

Telephone Number: _____ Cell Number: _____

POSITION DESIRED

| 1 st Choice | 2 nd Choice |
|------------------------|------------------------|
| | |

Have you read the job description, the essential functions of the job, and the physical requirements of the job? Yes No

Would you accept temporary or part-time employment? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability. Specific complaints of alleged discrimination should be referred to the USD No. 230 Compliance Officer, 101 East South Street, Spring Hill, Kansas 66083; telephone number 913-592-7200.

WORK EXPERIENCE

Start with the most recent employer. All time must be accounted for.

| Name of Firm Address and Telephone Number | Type of Work | Dates of Employment | Reason for Leaving |
|--|--------------|---------------------|--------------------|
| Phone: () - | | / | |
| Phone: () - | | / | |
| Phone: () - | | / | |
| Phone: () - | | / | |
| Phone: () - | | / | |

PERSONAL DATA

For Secretarial/Clerical /Office Applicants Only:

Please list your typing speed: _____wpm; shorthand or speedwriting speed: _____wpm

Please indicate computer/software skills: _____

Please indicate office equipment you can operate:

| | |
|--|--|
| | |
| | |

For Custodial/Maintenance Applicants Only:

List job skills you can do that are related to the job you are applying for. List the types of equipment and machines you can operate:

For ALL Applicants:

List all friends and/or relatives who are currently employed by U.S.D. #230:

| Name | Position/Title | Relationship |
|------|----------------|--------------|
| | | |
| | | |
| | | |

EDUCATIONAL AND PROFESSIONAL TRAINING

| High School College/University Other | Name and Address of School | Dates Attended MO/YR | Degree/Diploma Received | Specialized Training Received |
|--|-------------------------------|----------------------------|----------------------------|----------------------------------|
| | | / | | |
| | | / | | |
| | | / | | |
| | | / | | |

MILITARY SERVICE RECORD

Have you served in the armed forces? Yes No If yes, what branch? _____

What were your duties in the military? (include special training and duty station): _____

Have you had schooling under the G.I. Bill of Rights? Yes No If yes, please describe? _____

EMPLOYMENT REFERENCES (2 required)

| Company Name | Contact Person | Address – Include Zip Code | Home & Work Telephone Numbers + Area Codes |
|--------------|----------------|-------------------------------|---|
| | | | WORK () - HOME () - |
| | | | WORK () - HOME () - |

PERSONAL REFERENCES (3 required)

| Individual's Name | Address – Include Zip Code | Home & Work Telephone Numbers + Area Codes |
|-------------------|-------------------------------|---|
| | | WORK () - HOME () - |
| | | WORK () - HOME () - |
| | | WORK () - HOME () - |

Other than minor traffic offense for speeding, parking violations, etc., have you ever been convicted of any criminal offense? Yes No If yes, please explain _____

Conviction of a crime in not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why do you desire to leave your present position, or why did you leave your last position? _____

Have you ever been involuntarily terminated from employment? Yes No
If yes, please give the name of the employer, date and the reason for the termination. _____

Are you aware of any reason you would not be able to perform the duties of the position for which you are making an application? Yes No If yes, please explain _____

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

For additional information:

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor Employment Standards Administration Wage and Hour Division

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.

Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need

for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State Law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice.

Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

WHD Publication 1420

Jan 2009