

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895-1063
www.wapak.org

APPLICATION FOR EMPLOYMENT

Date of Application _____ Date Available for Assignment _____

NAME _____
Last First Middle (Maiden)

Permanent Address _____
Street City State Zip

Work Telephone Number _____ Home Telephone Number _____

POSITIONS DESIRED:

1st preference: _____

2nd preference: _____

3rd preference: _____

Other _____

Full time _____ Part Time _____

Will you consider assignment as a substitute?

Yes _____ No _____

As a precondition to employment in the position for which you are applying, you must, in accordance with Ohio law, both provide a set of fingerprints and satisfactorily pass a criminal records check if you come under final consideration for employment.

Pre-employment drug testing applies to individuals whom the Wapakoneta City School District intends to hire or use, on a permanent or temporary basis, as commercial motor vehicle drivers. Applicants may be prospective employees or current employees who have served in other capacities and who wish to become a driver and must obtain and maintain a CDL. All applicants will be required to submit to a drug and alcohol screen or a verified positive drug test result will disqualify the applicant for employment.

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school)	FROM TO Mo. Year Mo. Year					
(college)						

WORK EXPERIENCE

(List chronologically. Include active military service.)

INCLUSIVE DATES FROM TO		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER

PERSONAL/RELATED INFORMATION Date of Birth (Optional) _____ Male _____ Female _____

During the past year how many days were you absent from work or school due to illness? _____

Have you ever worked or gone to school under another name? _____

List extracurricular activities you can coach or sponsor _____

If employed, why do you wish to leave your present position? _____

Have you ever been dismissed from a position or asked to resign? Yes _____ No _____

If yes, explain _____

Citizenship _____

When can you appear for a personal interview? _____

Have you ever been convicted of a crime? _____ If yes, describe in full _____

REFERENCES

List below three or more persons qualified to give information regarding your job fitness. (Please complete address and telephone numbers for day and evening.)

NAME	POSITION	ADDRESS Street, City, State, Zip	TELEPHONE NUMBER

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW. I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. This affirmation refers to employment history, diplomas earned, courses taken. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial of employment or discharge if I have been employed. The school district has my permission to contact all past and present employers.

Date _____ 20 _____

Signed _____

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
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