

WAPAKONETA CITY SCHOOL DISTRICT

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

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application _____ Date Available for Assignment _____

NAME _____ EMAIL _____
Last First Middle Initial

ADDRESS _____
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED

Cell Phone Number _____

1st preference: _____

2nd preference: _____

3rd preference: _____

Other: _____

Full time _____ Part time _____ Will you consider assignment as a substitute? Yes _____ No _____

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

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. 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)						
(college)	FROM TO Mo./Year Mo./Year					
(college)	FROM TO Mo./Year Mo./Year					

WORK EXPERIENCE (List Chronologically)

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		

PERSONAL/RELATED INFORMATION

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? If so, what name? _____

List extracurricular activities/clubs you can coach/advise _____

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 _____

When can you appear for a personal interview? _____

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER

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, and 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.

Signed _____ Date _____

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.

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
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