



## 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  
1102 Gardenia Drive  
Wapakoneta, OH 45895-1063