

SOUTHERN WELLS COMMUNITY SCHOOLS
9120S 300W, Poneto IN 46781
PH 765-728-5537 FAX 765-728-8124

PLEASE FILL OUT ALL BLANKS WITH COMPLETE, DETAILED INFORMATION. PRINT OR TYPE THE INFORMATION REQUESTED. YOU ARE ENCOURAGED TO ATTACH A RESUME.

Name in Full _____ Date _____
Last First Middle

Address _____ Phone _____
_____ Email _____

POSITION BEING SOUGHT: Please initial the position(s) for which you are applying.

____ Custodial ____ Secretarial ____ Bus Driver ____ Nurse
____ Cafeteria ____ Clerical ____ Mechanic ____ Aide
____ Treasurer ____ Coach (Sport _____) ____ Technology

RECORD OF EDUCATION: List below schools attended beginning with high school; dates of attendance; and diploma/degree received, if applicable.

<u>School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Diploma/Degree</u>

MILITARY SERVICE: Give information relating to military experience, if any:

Branch of Service _____ From _____ to _____
Highest rank _____ Present status _____
Special training received _____

Type of discharge _____
RECORD OF EMPLOYMENT: List the most recent employment first and work back consecutively.

<u>Company</u>	<u>Location</u>	<u>Dates Employed</u>	<u>Reason for leaving</u>

List any experience, skills, or qualification that you possess that should be considered in assessing your ability to perform in the position(s) for which you are applying:

Are you a member of the Public Employees Retirement Fund (PERF?) _____

REFERENCES: List the names of three persons, including employers, whom we might contact for both personal and occupational references.

<u>Name</u>	<u>Position/Company</u>	<u>Address</u>	<u>Phone</u>

GENERAL INFORMATION:

Are you interested in part-time employment? _____

If selected for a position, when can you begin work? _____

What wage or salary do you expect? _____

Have you ever been convicted of any violation of the law? _____

If yes, give the particulars of the conviction(s) and state what disposition was made of each:

Are you willing to take a physical examination? _____

My signature below indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information herein is cause of dismissal should I be employed by Southern Wells Community Schools.

Applicant's Signature

NOTE: Applications remain on active file for one year. Renewal of the application is the responsibility of the applicant and can be accomplished by forwarding a written request for renewal to the Office of the Superintendent.

**SOUTHERN WELLS COMMUNITY SCHOOLS DOES NOT DISCRIMINATE, DENY BENEFITS TO,
NOR EXCLUDE ANYONE FROM PARTICIPATION ON THE BASIS OF SEX, RACE, NATIONAL ORIGIN, RELIGION,
HANDICAP, COLOR OF SKIN, OR LIMITED ENGLISH PROFICIENCY.**

An EQUAL OPPORTUNITY EMPLOYER