

WABASH AND OHIO VALLEY SPECIAL EDUCATION DISTRICT
800 South Division Street
P.O. Box 320, Norris City, IL 62869 Phone: (618) 378-2131

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

PERSONAL

Last Name	First	Middle	Date
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Street Address	Home Phone	Business Phone
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City, State, Zip	Social Security Number
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Have you ever applied for employment with us?	If yes - Month/Year/Location
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Position Desired	Pay Expected	Do you own a car?
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Will you work overtime if asked? _____

When will you be available to begin work? _____

EDUCATIONAL

High School (Name)	Location	Level/Diploma/Degree	Date
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College (Name)	Location	Level/Diploma/Degree	Date
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College (Name)	Location	Level/Diploma/Degree	Date
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Certificates:	Type	Area	Certificate No.	Date Issued
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Membership in Professional or Civic Organizations:
 (Exclude those which may disclose your race, color, religion or national origin).

MILITARY (Complete this section if you served in the U.S. Armed Forces)

Describe your duties and any special training.

Branch of Service Period of Active Duty (Month & Year)

Rank at Discharge Date of Final Discharge

EMPLOYMENT (Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)

Company Name and Address Telephone No.

Name of Supervisor Employed from: (Month/Year) to (Month/Year)

State Job Title and Describe your work

Salary Reason for Leaving

Company Name and Address Telephone No.

Name of Supervisor Employed from: (Month/Year) to (Month/Year)

State Job Title and Describe your work

Salary Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact: Employer(s) _____

Reason _____

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

_____ Date

_____ Signature