

WA-NEE COMMUNITY SCHOOLS
1300 North Main Street
Nappanee, IN 46550-1015

<i>For Office Use Only</i>	
<input type="checkbox"/>	Interview (date & time) _____
<input type="checkbox"/>	Reference Check
<input type="checkbox"/>	Expanded Criminal Background Check
<input type="checkbox"/>	Drug Test
<input type="checkbox"/>	Sexual Offender Check
<input type="checkbox"/>	CPS Check

NON-TEACHING APPLICATION

(A Smoke-Free and Drug-Free Workplace)

Wa-Nee Community Schools supports the principle that all persons are entitled to equal employment opportunities without regard to race, religion, color, marital status, national origin, sex, age or handicapping conditions. If you are unable to complete this application without an accommodation, please let us know so that an alternative arrangement can be made.

Date of Application _____

PERSONAL DATA

(Please fill in all blanks with complete, detailed information. You are encouraged to attach a current resume. Type or print.)

Name (last, first, middle,) _____ (maiden) _____

Address _____ City _____ Zip _____

Home Phone _____ Alternate phone (neighbor, friend, etc.) _____

Date Available for employment _____

Military service: induction date _____ separation date _____ branch _____

Duties in the service _____

Special training (explain) _____

Are you interested in year-round employment? Yes No School-year employment Yes No

Would you consider part-time employment Yes No

If you would consider part-time employment, what hours are you available? _____

Is Wa-Nee Community Schools within reasonable distance of your residence? _____

Have you ever been employed by WCS? Yes No If Yes, date employed _____

Position _____ School or Unit _____

Personal
How many days were you absent from work in the last year? _____
Date available to begin employment _____

EDUCATION

Circle number of years completed:		school and location	year of graduation	course or major
High School	1 2 3 4			
Technical School	1 2 3			
College	1 2 3 4			
Post Graduate	1 2 3			

EMPLOYMENT HISTORY

- 1. Employer** _____ Address _____
Phone number _____
Nature of work _____
Date employed _____ Date employment terminated _____
Immediate supervisor _____ Hourly or weekly rate _____
Why did you leave this job? _____
- 2. Employer** _____ Address _____
Phone number _____
Nature of work _____
Date employed _____ Date employment terminated _____
Immediate supervisor _____ Hourly or weekly rate _____
Why did you leave this job? _____

REFERENCES

List three references outside Wa-Nee Community Schools who are familiar with your work. Do not use relatives.

- Name _____ Street Address _____
City _____ State _____ Zip _____
Telephone _____ Ext. _____
- Name _____ Street Address _____
City _____ State _____ Zip _____
Telephone _____ Ext. _____
- Name _____ Street Address _____
City _____ State _____ Zip _____
Telephone _____ Ext. _____

List individuals or relatives you personally know who are now employed by Wa-Nee Community Schools.

1. _____ 3. _____
2. _____ 4. _____

POSITIONS/QUALIFICATIONS

Below are listed various non-teaching positions in Wa-Nee Community Schools. Please check your first and second choices of positions for which you qualify and are applying. On the lines provided below, describe your qualifications for each area you check.

MEDICAL

Nurse/LPN

TECHNOLOGY

Computer Clerks

CUSTODIAL

Buildings & Grounds Director

Head Custodian

Full-Time Custodian

Part-Time Custodian

Summer Grounds

INSTRUCTIONAL SUPPORT

Instructional Assistant

Special Ed Assistant

Library Assistant

Interpreter

FOOD SERVICE

Food Service Director

Food Service

Part-Time Food Service

SECRETARIAL

Secretary

Bookkeeper

Office Assistant

TRANSPORTATION

Bus Driver

Bus Aide

OTHER _____

Description of your qualifications for each area you have checked: _____

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for a position with WCS?

Please write a brief statement about why you believe you should be employed by WCS: _____

ACKNOWLEDGMENT OF TERMS OF APPLICATION

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. I understand that future employment may be terminated if I have misrepresented information submitted.

AUTHORIZATION

I understand that if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Signature _____ Date _____

Please print your name _____

Social Security Number _____/____/_____

Please print your complete address

Birth Date (only for purposes of requesting Criminal History information)

This document and accompanying information will be destroyed within **ONE (1) YEAR** of the date it is received unless the applicant becomes employed by this district. **THIS SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, NATIONAL ORIGIN, DISABILITY, RELIGION OR AGE.**

WA-NEE COMMUNITY SCHOOLS
Elkhart-Kosciusko Counties, Indiana

REQUEST FOR BACKGROUND INFORMATION

- A. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? Yes ___ No ___ If yes, explain the circumstances on a separate sheet and attach it to this application.
- B. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? Yes ___ No ___ If yes, explain the circumstances on a separate sheet and attach it to this application.
- C. Have you been investigated for, charged with or plead guilty or "no contest" to a crime that has not been expunged or otherwise remains a public record and which involves the sexual abuse of any person or indecency with a minor? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
- D. Have you ever been convicted of a crime other than a minor traffic offense that has not been expunged or otherwise remains a public record? Yes ___ No ___ Include convictions for traffic offenses involving the use or possession of alcohol or controlled substances, or offenses in connection with accidents involving serious injury to persons or property. If yes, please describe on a separate sheet of paper the nature of the offense, the name of the court entering the convictions, the date of the incident giving rise to the conviction and any other information concerning the circumstances you consider relevant.
- E. Have you ever been charged with a crime, other than a minor traffic offense that has not been expunged or otherwise remains a public record, in which the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or educational program? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.

An unintentional misrepresentation or affirmative answer provided by you on this application is not an automatic bar to employment. Wa-Nee Community Schools will consider the nature of any such conviction of public record or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

AUTHORIZATION AND RELEASE

I authorize Wa-Nee Community Schools to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide Wa-Nee Community Schools any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against Wa-Nee community schools, its officials, employees, trustees or agents, or against any provider of such information.

I have read this authorization and release of all claims and I expressly agree to the terms set out herein. Furthermore, it is understood that this application and records become the property of Wa-Nee Community Schools, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of Wa-Nee Community Schools.

Signature _____ Date _____

Please print your name _____ Social Security Number ____/____/____

Please print any other name(s) which you have previously used: _____

Please print your complete address _____

Birth Date (only for purposes of requesting Criminal History information) _____

Wa-Nee Community Schools
WAIVER – Non-Teaching

Public Law 93-380
“Family Educational Rights and Privacy Act of 1974”

I, _____ being aware of the provisions of Public Law 93-380, “Family Educational Rights and Privacy Act of 1974,” hereby affix my signature and provide a waiver of the above provisions.

I hereby grant authorization to the Wa-Nee Community Schools to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporations.
2. Request credentials from all educational institutions I have attended.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Office of the Superintendent, Wa-Nee Community Schools.
2. Any or all educational institutions I have attended to release my placement credentials on request, to the Office of the Superintendent, Wa-Nee Community Schools.

Signature of applicant

Date

Wa-Nee Community Schools does not discriminate in any practice in the operation of the school system upon the basis of sex, race, color, religion, creed, national origin, handicap or veteran’s status and will not permit discriminatory practices to be employed by anyone in the school system upon the basis of sex, race, color, religion, creed, national origin, handicap or veteran’s status.

I hereby certify that to the best of my knowledge and belief the foregoing statements are true, correct and complete. I further understand that this application will become part of my personal file should I be employed by the Wa-Nee Community Schools; that the information provided will be verified; and that falsification of any information submitted on this application may be cause for dismissal from service.

Signature of applicant

Date