Waverly School District #6

201 N Miller Street, Waverly, Illinois, 62692 (217) 435-8121

Inevius@waverlyscotties.com

Employment/ Job Application

Personal Information

Full Name:	Date:					
Address:						
City:	State	Zip	Code:			
E-mail:	Contact Phone:					
Social Security Number	(SSN):					
Date Available:	Desired Pa	ıy: hour/mo	onthly/annual			
Email:		Phone:				
Social Security Number	(SSN)					
Position Applied For:						
Employment desired:	_ Full-Time Part-Tir	me Seasonal	Substitute			
	Employmer	nt Eligibility				
Are you a U.S. Citizen?Yes*No						
*If no, are you allowed to work in the U.S.?Yes*No						
Have you ever worked for this employer?Yes*No						
*If yes, write the start and end dates:						
Have you ever been convicted of a felony?Yes*No						
*If Yes, Please Explain:						
Education						
High School	Location City/State	Graduation Date	Degree Earned			

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College	Location City/State	Graduation Date	Degree or Hours Earned	
Other	Location City/State	Graduation or Completion Date	Certificate or Hours Earned	
	Employme	ent History		
Employer #1:	Supervisor			
E-Mail:	Phone:			
Address:		· · · · · · · · · · · · · · · · · · ·	 	
	StateZip Code			
Job Title	Start DateEnd Date			
Responsibilities				
Reason For Leaving:_			· · · · · · · · · · · · · · · · · · ·	
Employer #2:		Supervisor		
	Phone:			
	StateZip Code		de	
			End Date	
Reason For Leaving:_				

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Military Service		
Are you a Veteran?Y	esNo	
Branch:	Rank at Discharge:	_
Starting Date:	Ending Date:	-
If not honorable, please explain:		
В	ackground Check Consent	
If asked, are you willing to	consent to a background check?Yes	No
to excellence through di	at this in an Equal Opportunity Employ iversity. In order to endure this applicat the application being fully completed i	ion is acceptable,
knowledge. If this applic	hat my answers are true and honest to cation leads to my eventual employmen information in my application or intervierminated.	t, I understand that
Signature:	Date:	
Print Name:	· · · · · · · · · · · · · · · · · · ·	