

Received Date _____

**WAYNE COUNTY
SCHOOLS**
212 North Court St., P.O. Box 70
Wayne, WV 25570
An Equal Opportunity Employer
Fax 304-501-4690

SERVICE PERSONNEL APPLICATION

This application must be complete and accurate. Applications are maintained for 12 months. If you are interested in employment after that time, you must notify the Service Personnel Office that you want your application to remain active for another 12 months. An update resume can be submitted.

Section I: Applicant Information

Names Social Security Number
 Last First Middle

Current Address
 City State Zip

Home Phone Cell Phone

Have you ever been convicted of a felony or misdemeanor (excluding minor traffic citations)? Yes No
 If the answer is "Yes", a copy of relevant court documentation must be submitted.

Are you currently under indictment for a felony? Yes No
 If the answer is "Yes", documentation related to the indictment must be submitted.

Do you have any physical limitations that would affect your ability to perform the functions of the job(s) for which you have applied?
 Yes No

Section II: Position(s) Desired

Please identify the position for which you wish to be considered: **Be sure to fill out a different form for each position.**

Aide	Bus Driver	Locksmith
LPN Aide	Plumber	Mechanic
Custodian	Carpenter	General Maintenance
Cook	Welder	Electrician
Secretary	HVAC	Other

Have you taken the West Virginia Competency Test for any classification above? Yes No If yes, which _____

Date available to Work _____ Driver's License Number _____
 (Required only for school bus operator and maintenance positions)

Section III: Education

	Dates Attended	Name of School	City, State	Major Course of Study	Graduation Date (If applicable)
High School					
Vocational					
College					
Other					

Section IV: Military Service

Branch of Service _____

Dates of Active Duty _____

Section V: Current/Previous Employment Information

Please list your current employer, if applicable, first.

Name and Address of Employer	Position	Dates of Employment	Supervisor	Reason for Leaving

Do we have permission to contact our present employer? Yes No

Have you been employed previously by Wayne County Schools? Yes No If so, when? _____

Section VI: References

Please identify two references who can be contacted. (No family members please.)

Name _____

Name _____

Business Address _____

Business Address _____

Telephone _____

Telephone _____

Home Address _____

Home Address _____

Telephone _____

Telephone _____

Section VII: Affirmation and Signature

I, _____, affirm that all information provided on this application is true and accurate to the best of my knowledge. I understand that falsifying any of this information may result in my ineligibility for employment or dismissal.

Date _____

Signature _____

Applicants for employment are hereby notified that the Wayne County Board of Education supports equal employment opportunity. The Board's policies, rules and regulations shall be applied without regard to race, color, creed, national origin, sex, marital status, age, disability or membership in any employee organization.

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Section VIII

Describe any specialized training you have completed that would relate to this position:

NAME/TYPE OF TRAINING	DATE	DESCRIPTION OF TRAINING

Describe any previous work experience that would relate to this position:

EMPLOYER	DATES	TYPE OF WORK PERFORMED

Resume attached? Yes No

For Classroom Aides only:

Do you have any sign language skills? Yes No Explain: _____

Are you certified in CPR and/or First Aide? Yes No

If so, dates certified:

CPR _____

First Aide _____