

Walnut Grove R-V School
P.O. Box 187
Walnut Grove, MO 65770
Phone: (417) 788-2543
Fax: (417) 7881254

**APPLICATION
FOR EMPLOYMENT
(NON-CERTIFIED)**

Date: _____

Name: _____
Last First Middle

Address: _____
Street/Route City State Zip

Telephone Number (s): _____ Social Security No: _____

Position(s) applying for: _____

Are you currently employed? Yes No

Are you available to work: Full Time Part Time Temporary

On what date would you be available for work? _____

Have you ever been convicted of a felony? Yes No

If yes, describe _____

Note: This application will be kept on file for one (1) year from date.

Walnut Grove R-V School System is an Equal Opportunity Employer

EDUCATION

School	Name and Address	Dates Of Attendance	Date Graduated	Semester Hours Credit	Degree Or Diploma
High School				*****	*****
Vocational or Trade School					
College					

REFERENCES

1. _____

Name
Mailing Address
Telephone
How Acquainted?

2. _____

Name
Mailing Address
Telephone
How Acquainted?

3. _____

Name
Mailing Address
Telephone
How Acquainted?

Describe how your employment with Walnut Grove Schools would have a positive influence on the school and students.

EMPLOYMENT HISTORY

Please list last three employers beginning with most recent.

1.	Employer		Length of Service		Work Performed	
	Address					
	Telephone Number (s)		Hourly Rate/Salary			
			Starting	Final		
	Job Title	Supervisor				
	Reason for Leaving					
2.	Employer		Length of Service		Work Performed	
	Address					
	Telephone Number (s)		Hourly Rate/Salary			
			Starting	Final		
	Job Title	Supervisor				
	Reason for Leaving					
3.	Employer		Length of Service		Work Performed	
	Address					
	Telephone Number (s)		Hourly Rate/Salary			
			Starting	Final		
	Job Title	Supervisor				
	Reason for Leaving					

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I affirm that all statements and answers are true and correct to the best of my knowledge and that I have not knowingly withheld any information. I agree that any misrepresentations made herein will be just and due cause for my discharge from employment.

Signature _____

Date _____