

Park County School District Number One
 160 N. Evarts Powell, Wyoming 82435
SUPPORT STAFF APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____

IF RELATED TO ANYONE IN OUR EMPLOY, REFERRED
 STATE NAME AND DEPARTMENT: BY: _____

TYPE OF POSITION DESIRED

- Secretary Aide Cafeteria Building Custodian Mechanic District-wide
 Business Office IMC Clerk Bus Driver Custodian I, II Warehouseman Maintenance

Would you: (1) accept part-time employment? Yes No (2) be willing to substitute in the areas checked? Yes No

Are you willing to work days? Evenings? Nights? Weekends?

Date you can begin _____ Salary desired _____

EDUCATION	NAME and LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SPECIAL QUALIFICATIONS Please describe special training, experiences, or skills which you feel would especially qualify you for the position(s) for which you are applying.

REFERENCES Please list three references, other than relatives, whom you have known at least one year.

	NAME	ADDRESS AND TELEPHONE NUMBER	BUSINESS/OCCUPATION	YEARS ACQUAINTED
1.				
2.				
3.				

EMPLOYMENT HISTORY List your most recent position first. (Please do not use "refer to resume").

Employer	Work Performed
Address Telephone	
Job Title	
Employment Dates – From: To:	
Supervisor May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	

Employer	Work Performed
Address Telephone	
Job Title	
Employment Dates – From: To:	
Supervisor May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	

Employer	Work Performed
Address Telephone	
Job Title	
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Supervisor May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	

Employer	Work Performed
Address Telephone	
Job Title	
Employment Dates – From: To:	
Supervisor May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	

U.S. Military Service

Branch of Service _____

Dates – From: _____ To: _____

Duty and training while in service: _____

Are you a United States citizen? Yes No If no, please give Alien Registration Number: _____

FOR BUS DRIVERS AND DESIGNATED APPLICANTS

WYOMING LICENSE NUMBER _____ CLASS A B CDL EXPIRATION DATE _____
DATE OF DRIVER PHYSICAL _____ DOCTOR _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS):

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER 'A' OR 'B' IS YES, ATTACH STATEMENT GIVING DETAILS.

HAVE YOU BEEN INVOLVED IN A REPORTABLE ACCIDENT IN THE PAST FIVE YEARS? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME ADDRESS PHONE NUMBER

PERSONAL DATA

Present Position: _____ Present Salary: \$ _____

Why do you wish to leave your present position? _____

During the past three years, approximately how many days have you been absent from work or school because of accident or illness unrelated to a physical or mental disability or handicap? _____



Pursuant to the provisions of W.S. §21-7-401, any employee who is to be hired by the Board of Trustees on or after July 1, 1996, who may have access to minors is required to submit to fingerprinting and provide such other information as is necessary for the School District to acquire a national criminal history background check. The following information must be provided in accordance with these requirements.

1. Do you consent to provide the appropriate fingerprinting and other information for Park County School District No. One to conduct a criminal background check? YES _____ NO _____

2. Have you ever been convicted of or pled nolo contendere to or otherwise received a deferred sentence in consideration of fulfilling the terms of probation as to any felony or any crime other than minor traffic violations including, but not limited to, child abuse or neglect or any crime relating to sexual abuse of a minor? YES _____ NO _____

If so, please explain: _____

3. Will you consent to the release of any and all information or records maintained by the Wyoming Department of Family Services concerning you and sign the appropriate release

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned applicant/employee, hereby expressly authorize Park County School District No. One, its superintendent, principals, agents, employees, and other authorized representatives thereof to make any inquiries or checks into my background including, but not limited to, investigation of my personal or employment history and/or any Federal and/or state criminal, law enforcement, or traffic records. I specifically authorize those persons who have access to such information to make copies of all prior personal and employment history records and the records of any and all law enforcement agencies, courts, and social service agencies. I further authorize representatives of any agency contacted by agents or representatives of Park County School District No. One to release and make copies of such records in connection with my application for employment with Park County School District No. One. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental or law enforcement agency, Department of Family Services, Department of Criminal Investigation, or other entity to give to said School District, as set forth above, any information, oral or written, they may have regarding me. In consideration of the review of my employment application by said School District and its authorized agents as set forth above, I do hereby release and agree to hold harmless Park County School District No. One, and any person, entity, or agency providing them with information, from any liability or claims resulting from the release of this information. An investigative consumer report concerning my credit history may be requested as part of the employment process.

Applicant's Signature

GENERAL INFORMATION

If necessary for employment in a specific position, you may be required to have a physical examination, have a drug screen, and/or provide evidence of citizenship.

At least three (3) letters of reference are needed to complete your application.

Incomplete or late applications will be considered only at the discretion of District administrators.

A personal interview may be required for employment. Interviews are generally arranged by invitation of the appropriate principal or supervisor. Interview expenses are the candidate's responsibility.

Applications should be submitted to:

Superintendent of Schools
Park County School District No. One
160 North Evarts
Powell, WY 82435

This application will be kept active only for one (1) year. Each time a new position opens up in which you are interested and for which you desire to be considered, you must notify the School District of your intent to reactivate your application. If more than one year has passed, you need to submit a new application.

All support staff employed by Park County School District No. One are employed as employees at-will and nothing contained herein nor anything in the policies of the School District shall be construed to alter that employment status.

Employees of Park County School District No. One are required to be familiar with and comply with the policies of Park County School District No. One. A copy of the policy manual is available in the individual school buildings and/or the central administration office.

APPLICANT STATEMENT

I certify that the answers given in this application are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Date

Applicant's Signature