

APPLICATION FOR EMPLOYMENT

_____ **Date of Application**

Wilkes Developmental Day School
 1021 Welborn Avenue
 Wilkesboro, NC 28697
 (336) 838-3119

Last Name	First Name	Middle Name
Address (Street number and Name)	City	County
State	Zip Code	Home phone ()
Business Phone ()	Cell Phone ()	Best number to reach you during the day:

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time

If you are not available to work now, enter the earliest date you could begin work (mo/day/yr) _____

Jobs Applied For
 Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. _____ 2. _____ 3. _____

Referral Source
 Please indicate your referral source: _____

Education
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
		From:	To:				
High School							
College(s) University(s)							
Graduate or Professional							
Other educational, Vocational school, Internship, etc.							

Special training programs and seminars you have completed in the last five years (List):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Teaching license and certifications (List, giving dates and sources of issuance):

Membership in professional, honorary, or technical societies (List):

Skills

CHECK the following skills, experiences, etc which you have:

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver's license _____
Number State | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Basic computer skills |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Foreign Language (Specify) _____ | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Adding machine/calculator | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Other: _____ | | |

Work History (include volunteer experience) Must include detailed information on at least the last seven years. Use additional sheets if necessary.

Current or Last Employer:			Address:		
Job Title:			Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving:	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):	List all major duties in order of their importance in the job:				
Full time	Years	Months	_____		
Part time	Years	Months	_____		
If part time, number of hours worked per week:			_____		

Employer:			Address:		
Job Title:			Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving:	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):	List all major duties in order of their importance in the job:				
Full time	Years	Months	_____		
Part time	Years	Months	_____		
If part time, number of hours worked per week:			_____		

Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):		Starting Salary \$ per	Ending or Current Salary \$ per		Reason for Leaving:	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr):			List all major duties in order of their importance in the job:			
Full time	Years	Months	_____			
Part time	Years	Months	_____			
If part time, number of hours worked per week:			_____			

Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):		Starting Salary \$ per	Ending or Current Salary \$ per		Reason for Leaving:	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr):			List all major duties in order of their importance in the job:			
Full time	Years	Months	_____			
Part time	Years	Months	_____			
If part time, number of hours worked per week:			_____			

Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):		Starting Salary \$ per	Ending or Current Salary \$ per		Reason for Leaving:	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr):			List all major duties in order of their importance in the job:			
Full time	Years	Months	_____			
Part time	Years	Months	_____			
If part time, number of hours worked per week:			_____			

Have you ever been convicted of an offense against the law other than a minor traffic violation: (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying,) YES NO (If yes, explain fully on an additional sheet.)

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and other to furnish whatever detail is available concerning my qualifications. I authorize investigation of all stated made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1)

Signature of Applicant (unsigned applications will not be processed) _____
Date