

Wells Central School
1571 NYS Route 30, P.O. Box 300, Wells, New York 12190
Phone: 518-924-6000 Fax: 518-924-9246

EMPLOYMENT APPLICATION
Non-Teaching

Name:		
Address:		
Application Date:		
Phone:	Social Security #	Date of Birth (optional):
Position for which you are applying:		
Are you interested in substituting?		

This section is for office use only	
Date application received: _____	
Interview Date	Initials
Comments _____	

Please supply the following information:

Education

<u>.....Name of School and Address.....</u>	<u>Dates attended</u>	<u>Grade completed / Degree attained</u>

Please list any special training and/or experience you may have pertaining to the position for which you are applying:

Previous Employment (list most recent first)

<u>Employer name/ address</u>	<u>Dates employed</u>	<u>Rate of Pay</u>	<u>Reason for leaving</u>	<u>Duties</u>

Do you have any objection to the Wells Central School District contacting your previous or current employer? YES NO

Please list three references below:

Name	Address	Relationship	Phone

Have you ever been convicted of a crime? YES NO

By signing this application I am confirming that all information supplied is factual.

Applicant's Signature: _____