



IRENE-WAKONDA SCHOOL DISTRICT CLASSIFIED APPLICATION FORM

130 E. STATE STREET * IRENE, SD 57037

PHONE: 605-263-3311 * FAX: 605-263-3316

www.irene-wakonda.k12.sd.us

Date of Application: _____

Name: _____

Last

First

Middle

Address: _____

Street/Box

City

State

Zip

Phone Number: _____

Email Address: _____

Position Applying for: _____

Education:

Type of School	Name of School and Complete Mailing Address	Year Graduated	Major or Degree
High School			
College			
Other Education			
Other Training			

Employment Experience: (List in order of last or present employment first.)

Employer	Dates To - From	Occupation	Supervisor & Phone Number

Employment or Personal References:

Name	Address	Telephone Number

May we contact the employers listed above? _____

If not, indicate which one(s) you do not wish us to contact.

Military: (US)

Branch	Dates	Reserve Status	Type of Discharge

***SDCL 3-1-1.1 prohibits a school district or other government entity from hiring anyone who is required to register for Selective Service and has not done so. Males born after December 31, 1959 are required to register for Selective Service.**

Are you required to register: _____ Are you registered? _____

If you are registered, please provide your Selective Service number (call 703-605-4000 if you do not know your number): _____

Have you ever been convicted of a felony, a crime involving dishonesty, controlled substance, marijuana, or a sex offense? _____ If yes, please attach a written explanation.

Have you completed a background check in the last year? _____

Please summarize any special skills and qualifications you possess that you will apply to this job.

I certify that the information given on this application and in any other supporting documentation and resume is true and correct. I understand that any false information and/or willful or negligent failure to disclose any requested information will constitute sufficient grounds to terminate my employment without notice.

I authorize my previous employers, schools, and persons named as references to give any information regarding my employment together with information they may have regarding me, whether or not it is in their records. I agree that Irene-Wakonda School District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers, or omissions made by me in this application. I hereby release said employers, schools, or persons from all liability for any damages whatsoever for issuing this information.

I agree to submit to fingerprinting and a criminal background check and understand that provided the Irene-Wakonda School District wishes to hire me; my employment by the Irene-Wakonda School District depends upon the results being acceptable to the Irene-Wakonda School District.

Applicant's Signature: _____

Date: _____