

Wellington-Napoleon R-IX School District

800 N. Highway 131

Wellington, Missouri 64097

Phone: 816-240-2621 Fax: 816-934-8649

APPLICATION FOR SUPPORT STAFF POSITION

Name _____
Last Name First Name Middle Name

Present Address _____

Permanent Address _____

Social Security Number _____ Home Phone _____ Business Phone _____

Email Address: _____

Position Desired: _____

With what community organizations are you associated? _____

List experiences with youth organizations such as Scouts, Campfire, etc. _____

EDUCATION AND PROFESSIONAL TRAINING

High School _____ Address _____ Year Completed _____

College Attended Name and Location	Date of Attendance	Degree	Area of Specialization	Total Credit Hours

WORK EXPERIENCE

Place of Employment	Address	Dates of Service	Nature of Work	Salary

Applicants are considered for all positions without regard to race, color, religion, sex, disability, national origin, age, marital or veteran status. If you have any questions, please contact Mindy Hampton 800 Highway 131, Wellington, Missouri, 64097, 816-240-2621

GENERAL INFORMATION

Have you ever been terminated or asked to resign from a previous position? Where? If yes, please explain with an attached statement. _____

Why do you wish to leave your present position? _____

Why do you wish to work at Wellington-Napoleon? _____

What is your current salary? _____ What salary to you expect to receive here? _____

Are you interested in coaching or any extra-curricular activity? Y or N If yes, indicate which ones: _____

RECENT REFERENCES

NAME	ADDRESS	OFFICIAL POSITION	PHONE NUMBER

I certify that the information and statements provided in this application are true to the best of my knowledge and belief.

Applicant Name _____

Date _____