

CERTIFICATION

AREA	NUMBER	STATE	STATUS PROV./PERM	DATE	EXPIRATION DATE

EMPLOYMENT HISTORY

NAME OF PRESENT OR LAST EMPLOYER					TELEPHONE NO.		TYPE OF BUSINESS
ADDRESS					CITY		
START DATE		LEAVING DATE		REASON FOR LEAVING			MAY WE CONTACT?
MONTH	YEAR	MONTH	YEAR				
YOUR JOB TITLE			NAME OF SUPERVISOR		SUPERVISOR TITLE		
DESCRIPTION OF YOUR DUTIES							

NAME OF PREVIOUS EMPLOYER					TELEPHONE NO.		TYPE OF BUSINESS
ADDRESS					CITY		
START DATE		LEAVING DATE		REASON FOR LEAVING			MAY WE CONTACT?
MONTH	YEAR	MONTH	YEAR				
YOUR JOB TITLE			NAME OF SUPERVISOR		SUPERVISOR TITLE		
DESCRIPTION OF YOUR DUTIES							

PROFESSIONAL REFERENCES

Give at least 3 references. Supervisors under whom you have worked and those who have first-hand knowledge of your character, personality, scholarship, and teaching ability are preferred.

NAME	ADDRESS	POSITION	TELEPHONE
1.			
2.			
3.			

I WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES.

Signature of Applicant _____

IMPORTANT

I understand that there will be an extensive inquiry regarding my background and experiences, and I hereby release from any liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the Warsaw Central School District regarding my application will be the property of the Warsaw central School District and will not be released to me unless required by Federal or State statutes or regulations.

ATTESTATION

I certify that the information is accurate to the best of my knowledge and the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

APPLICANT'S SIGNATURE

DATE