

## APPLICATION FOR EMPLOYMENT AT PERRY COUNTY SCHOOL DISTRICT 32

Perry County School District 32 is an Equal Opportunity and E-Verify Employer

Please return your completed application to Human Resources, PCSD32 Central Office at 400 Edwards St., Perryville, MO 63775; or email to Julie Wibbenmeyer at [jwibbenmeyer@pcsd32.com](mailto:jwibbenmeyer@pcsd32.com).

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### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Referred By \_\_\_\_\_

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### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_

Alternate Position \_\_\_\_\_ Type:  Full-Time  Part-Time  Substitute

Have you ever applied for a position at District 32?  Yes  No  I'm a former employee

Your current employer \_\_\_\_\_

Your title/position \_\_\_\_\_ May we contact your employer for a reference?  Yes  No

Supervisor \_\_\_\_\_ Work phone \_\_\_\_\_

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### EDUCATION

Circle the highest grade completed in school: 6 7 8 9 10 11 12 13 14 15 16

Name of High School You Graduated From \_\_\_\_\_ Year Graduated \_\_\_\_\_

College Name \_\_\_\_\_ Year Graduated \_\_\_\_\_ Major \_\_\_\_\_

Trade/Technical School Name \_\_\_\_\_ Year Graduated \_\_\_\_\_ Major \_\_\_\_\_

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### SPECIAL AREAS OF KNOWLEDGE OR ABILITIES

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Custodial Services    | <input type="checkbox"/> Clerical Proficiency  | <input type="checkbox"/> Computer Programs _____                       |
| <input type="checkbox"/> Food Services         | <input type="checkbox"/> Keyboarding wpm _____ | <input type="checkbox"/> Electrical <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> CDL endorsement _____ | <input type="checkbox"/> Customer Service      | <input type="checkbox"/> Plumbing                                      |
| <input type="checkbox"/> Other _____           |  |  |
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**FORMER EMPLOYERS**

List your last three employers (not including current employer), starting with last one first.

Company Name \_\_\_\_\_ Your Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Company Phone \_\_\_\_\_ Year Hired \_\_\_\_\_ Year Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Company Name \_\_\_\_\_ Your Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Company Phone \_\_\_\_\_ Year Hired \_\_\_\_\_ Year Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Company Name \_\_\_\_\_ Your Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Company Phone \_\_\_\_\_ Year Hired \_\_\_\_\_ Year Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Salary/Wage \_\_\_\_\_

**REFERENCES**

Please provide three professional references who are not former supervisors or relatives.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**EMPLOYMENT QUESTIONS**

Have you been arrested for, charged with, pled guilty to, or convicted of a Felony?  Yes  No  
If yes, provide details \_\_\_\_\_

Has the Missouri Department of Family Services or a similar agency in any other state or jurisdiction ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological, or sexual abuse or neglect of a child?  Yes  No

Are you required to register as a sex offender?  Yes  No

**AUTHORIZATION**

I authorize all former employers and other persons to give any information they have regarding me or my employment with them, and I release them and their companies from any liability for damages resulting therefrom. I also authorize a criminal records review and a child abuse/neglect screening through the State of Missouri or other applicable states. I certify that the information given herein is correct and that any misrepresentation of fact will constitute sufficient cause for the cancelation of the contract if I am offered employment at District 32.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_