

# West Central School Corporation

1850 S. US 421  
P.O. Box 578  
Francesville, IN 47946

“Encourage Every Student Every Day” \*Engage \*Empower \*Educate

Phone 219-567-9161  
Fax 219-567-9761

## Non-certified Employee Application

West Central School Corporation is an Equal Opportunity – Affirmative Action Employer and does not discriminate the basis of age, race, color, gender, handicap, religion or national origin in employment opportunities. No question on this form is intended to secure information to be used for such discrimination.

**Position Applied For:** (Please check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Instructional Assistant | <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Coaching/Athletics            |
| <input type="checkbox"/> Clerical/Administrative | <input type="checkbox"/> Cafeteria  | <input type="checkbox"/> Substitute (in checked areas) |
| <input type="checkbox"/> Custodial/Maintenance   | <input type="checkbox"/> Lifeguard  | <input type="checkbox"/> Substitute Teacher**          |

\*\*to apply for a substitute permit visit <https://www.in.gov/doe/educators/educator-licensing/substitute-permits/>

List the specific position you desire (if applicable) \_\_\_\_\_

### **Background Information** (please type or print)

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(required for background check)

Please list any experiences or licenses you have relevant to the position/s for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Record** (most recent first)

Check and leave info below blank if included in an attached resume

Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

**Educational and Training**

Check and leave info blank if included in an attached resume

Institution: \_\_\_\_\_

Major/minor: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Institution: \_\_\_\_\_

Major/minor: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**References:** Please list the names of three people who know your professional background and qualifications. These may include university professors, members of the community, administrators under whom you have worked, or colleagues. Do not include relatives please.

1. Name and Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

2. Name and Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

3. Name and Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Should this application be treated as confidential with regard to your present employer?

Yes       No

**Legal Disclosures**

Have you ever been convicted of a crime other than a traffic violation?

Yes       No

Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or terminated from employment?

Yes       No

Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes       No

Have you ever been the subject of a founded report of child or dependent adult abuse?

Yes       No

Does your name appear on any Sex Offender Database in any state or country?

Yes       No

*If the answer to any of the above questions is "yes" please attach an explanation to this application.*

Per state law, you will be required to submit to a complete background check prior to being offered a position.

Please return a copy of this application along with the items listed below to P.O. Box 578, Francesville, IN 47946 or email the following documents to "central\_office@wcsc.k12.in.us" and include the word "Application" in the subject line of your email.

- Completed and signed application
- Resume if desired
- Copies of transcripts (if applicable)
- Copy of appropriate license/s (if applicable)
- Copy of Substitute Permit (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date