



**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](http://www.irene-wakonda.k12.sd.us)**

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Date of Application: Click here to enter text.

Name: Click here to enter text.

Last

First

Middle

Address: Click here to enter text.

Street/Box

City

State

Zip

Phone Number: Click here to enter text.

Email Address: Click here to enter text.

Position Applying for: Click here to enter text.

**Education:**

Type of School	Name of School and Complete Mailing Address	Year Graduated	Major or Degree
<b>High School</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>College</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Other Education</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Other Training</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Employer	Dates To - From	Occupation	Supervisor & Phone Number
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Employment or Personal References:**

<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

May we contact the employers listed above? Yes ☐ No ☐

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

Click here to enter text.

**Military: (US)**

<b>Branch</b>	<b>Dates</b>	<b>Reserve Status</b>	<b>Type of Discharge</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**\*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: Yes ☐ No ☐ Are you registered? Yes ☐ No ☐

If you are registered, please provide your Selective Service number (call 703-605-4000 if you do not know your number): Click here to enter text.

Have you ever been convicted of a felony, a crime involving dishonesty, controlled substance, marijuana, or a sex offense? Yes ☐ No ☐ If yes, please attach a written explanation.

Have you completed a background check in the last year? Yes ☐ No ☐

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

[Click here to enter text.](#)

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: [Click here to enter text.](#)

Date: [Click here to enter text.](#)