



Telephone: 1-800-321-9973

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Fax: (570) 341-1221

Date: \_\_\_\_\_

- CAFETERIA APPLICATION
CUSTODIAL APPLICATION
SECRETARIAL APPLICATION
TEACHER ASSISTANT APPLICATION

- Full Time
Part Time
Substitute

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
Street City State Zip Code

TELEPHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

Have you filed an application or been employed here before? Yes No

Date: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

REFERENCES (List at least three)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_



**EMPLOYMENT HISTORY:**

List each job held, starting with last or present job.

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
  
3. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly explain your past work experience and duties:

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**EDUCATIONAL BACKGROUND:**

High School (Name & Location)	College (Name & Location)	Other (Name & Location)
Grade Completed	Grade/Years Completed	Grade/Years Completed

SIGNATURE: \_\_\_\_\_

**YOUR APPLICATION WILL BE KEPT ON FILE FOR TWO YEARS  
UNLESS UPDATED BY WRITTEN REQUEST.**