

**HEARTLAND CAREER CENTER**  
**79 South 200 West**  
**Wabash, IN 46992**  
**(260) 563-7481**

**SUPPORT STAFF APPLICATION FOR EMPLOYMENT**

PLEASE FILL OUT (PRINT/TYPE) ALL BLANKS WITH ACCURATE AND DETAILED INFORMATION

Name in full \_\_\_\_\_  
Last First Middle Date \_\_\_\_\_

Permanent Address \_\_\_\_\_  
No. Street City State Zip

Temporary Address \_\_\_\_\_  
No. Street City State Zip

Telephone Number: Permanent (\_\_\_\_) \_\_\_\_\_ Temporary (\_\_\_\_) \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

EDUCATION AND PROFESSIONAL TRAINING					
	NAME AND LOCATION OF SCHOOL	MAJOR(S)	DEGREE	YRS. ATTENDED	SEM. HRS
HIGH SCHOOL					
COLLEGE					
COLLEGE					
GRAD. SCHOOL					

WORK EXPERIENCE				
(BEGIN WITH THE MOST RECENT)				
NAME AND LOCATION OF COMPANY	KIND OF BUSINESS	FROM	TO	REASON FOR LEAVING
		MO. YR.	MO. YR.	

ADDITIONAL QUALIFICATIONS OR REMARKS. INCLUDE OTHER ITEMS THAT MIGHT BE OF INTEREST TO YOUR PROSPECTIVE EMPLOYER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

(GIVE AT LEAST FOUR REFERENCES. INCLUDE TWO CHARACTER, OTHER THAN THOSE YOU HAVE WORKED FOR AND TWO SUPERVISORY, FOR WHOM YOU HAVE WORKED.)

NAME	Email Address	TELEPHONE	OFFICIAL POSITION
1.			
2.			
3.			
4.			
5.			

**APPLICATION VERIFICATION**

(APPLICANTS MUST ANSWER QUESTIONS 1, 2, & 3. FAILURE TO DO SO WILL RESULT IN THE RETURN OF THE APPLICATION.)

- |  |     |    |
|--|-----|----|
| 1. HAVE YOU EVER HAD A CREDENTIAL, CERTIFICATE, OR LICENSE TO TEACH DENIED, REVOKED OR SUSPENDED IN INDIANA OR IN ANY OTHER STATE? | YES | NO |
| 2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?   | YES | NO |
| 3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS SINCE JANUARY 15, 1994?                            | YES | NO |

**IF THE ANSWER IS YES TO EITHER QUESTION 1, 2, OR 3, ATTACH A WRITTEN EXPLANATION AND PROVIDE THE COURT RECORDS**

DATE AVAILABLE TO BEGIN EMPLOYMENT: \_\_\_\_\_

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FOREGOING STATEMENTS ARE TRUE, CORRECT AND COMPLETE, AND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL BECOME PART OF MY PERMANENT PERSONNEL FILE SHOULD I BE EMPLOYED BY HEARTLAND CAREER CENTER.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**THIS APPLICATION MUST BE RENEWED BY APRIL 1 TO REMAIN ACTIVE.  
RENEWAL OF THE APPLICATION IS THE RESPONSIBILITY OF THE APPLICANT.**

EDUCATIONAL SERVICES, PROGRAMS, INSTRUCTIONS, FACILITIES WILL NOT BE DENIED TO ANYONE IN THE HEARTLAND CAREER CENTER AS A RESULT OF HIS OR HER AGE, RACE, COLOR, NATIONAL ORIGIN, SEX, OR HANDICAPPING CONDITION INCLUDING LIMITED ENGLISH PROFICIENCY. FOR FURTHER INFORMATION, CLARIFICATION, OR COMPLAINT PLEASE CONTACT:

**SUPERVISOR OF STUDENT SERVICES  
TITLE IX COORDINATOR/SECTION 504 COORDINATOR  
HEARTLAND CAREER CENTER  
79 SOUTH 200 WEST  
WABASH, IN 46992  
(260) 563-7481**