

Wapakoneta City Schools
 Aaron Rex, Superintendent
 Angela Sparks, Treasurer/CFO
 Mike Watt, Director of Operations



1102 Gardenia Drive
 Wapakoneta, OH 45895
 419-739-2900
 www.wapak.org

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application 1/24/2022 Date Available for Assignment ASAP
 Name Braunstein Brandice H
(Last) (First) (Middle Initial)
 Permanent Address 562 Erie St. Wapakoneta Ohio 45895
(Street) (City) (State) (Zip)
 Home Phone Number 419-204-4157 Cell Phone Number 419 204 4157
 Email Address: openbookvintage@gmail.com
 Temporary Address _____
(Street) (City) (State) (Zip)

Dates Effective _____

POSITIONS DESIRED

1st Preference: Substitute Teacher
 2nd Preference: _____
 3rd Preference: _____
 Other: _____

Full Time Part Time Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School)						
(College) Huntington University	1993-1996	17hrs	N/A	→ stopped senior year	Musical Theater	Music Composition/ Youth Ministry
(College)						
(Graduate Study)						

Braunstein

STUDENT TEACHING EXPERIENCE

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER
		N/A		

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						
1997	1999	1-2		✓	Sidney Christian Academy	Sidney, OH	Jr High + HS Music
2003	2005	2	✓	✓	Victory Christian School	Niles, OH	K-12 Music K-2 Reading 10th grade History

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER
2005 - 2007	piano/vocal teacher	self - employed
2007 - 2010	creative ministries director	west Missionary Church Bene, IN
2013 - 2017	drama director	harvest Baptist Church wapakoneta, OH

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER
Gary Blagg	Pastor	harvest Baptist 1301 Navajo Dr.	419-739-3980
Ken Meyer	Pastor	New Horizons Rockford, OH	419-733-3603
Cindy Meyer	Teacher's Aid	Benton wapakoneta, Ohio	419-236-8875



RECEIVED

APPLICATION FOR PROFESSIONAL EMPLOYMENT

JAN 26 2022

Date of Application 1/22/2022 Date Available for Assignment _____

Wapakoneta
 City Schools

Name Caudill Haley E
(Last) (First) (Middle Initial)

Permanent Address 20778 Santa Fe New Knoxville Road Wapakoneta, OH 45895
(Street) (City) (State) (Zip)

Home Phone Number _____ Cell Phone Number 513-225-2500

Email Address: haley.caudill13@gmail.com

Temporary Address _____
(Street) (City) (State) (Zip)

Dates Effective _____

POSITIONS DESIRED

1st Preference: Substitute teacher or nurse

2nd Preference: _____

3rd Preference: _____

Other: _____

Full Time Part Time Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School) Hamilton High School Hamilton, OH						
(College) Mount Carmel College of Nursing	August 2014 - May 2017		Bachelor of Science in Nursing	May 2017	Nursing	
(College)						
(Graduate Study) Mount Carmel College of Nursing	August 2018 - May 2021		Master of Science (Family Nurse Practitioner)	May 2021	Nursing	

Caudill

STUDENT TEACHING EXPERIENCE

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER
June 2017 - Present	Nurse	Mount Carmel Health System 1510 E Broad St. Columbus, OH 43213

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER
Chelsea Beasy	Team lead/charge Nurse - Mount Carmel		614-670-3406

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application 1/27/22 Date Available for Assignment 1/28/22
 Name Fisher Alexandra M
(Last) (First) (Middle Initial)
 Permanent Address 11886 Wrenthle Creek Rd. Wapakoneta OH 45895
(Street) (City) (State) (Zip)
 Home Phone Number - Cell Phone Number 567-712-1232
 Email Address: amfisher0513@gmail.com
 Temporary Address _____
(Street) (City) (State) (Zip)
 Dates Effective _____

POSITIONS DESIRED

1st Preference: Substitute teacher
 2nd Preference: _____
 3rd Preference: _____
 Other: _____

Full Time Part Time Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School) Wapakoneta High School Wapakoneta OH			High School diploma			
(College) Wright State University	Sept. 2007 - March 2009		Undergraduate			
(College) The Ohio State University	March 2010 - May 2013		Bachelor of Science Health Science	May 2013	Health Science	
(Graduate Study) Western Governors University	January 2022 - present		Masters in Education		Masters in Elementary Education	

Fisher

STUDENT TEACHING EXPERIENCE

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR 8/16	MO./YR present	5	Substitute teacher		Botkin Local School	404 E. State St. Botkin, OH 45306	K-12

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER
Ryan Loy	Principal Botkins HS.	404 E. State St. Botkin, OH 45306	937-693-4241

JAN 31 2022

Wapakoneta
City Schools

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application 1-31-22 Date Available for Assignment 2-7-22
 Name Hell Landon W
(Last) (First) (Middle Initial)
 Permanent Address 717 Woodridge Dr. Cridersville OH 45806
(Street) (City) (State) (Zip)
 Home Phone Number _____ Cell Phone Number 419-236-7224
 Email Address: landyhell@gmail.com
 Temporary Address _____
(Street) (City) (State) (Zip)
 Dates Effective _____

POSITIONS DESIRED

1st Preference: Substitute Teacher
 2nd Preference: _____
 3rd Preference: _____
 Other: _____
 Full Time Part Time Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School) Wapakoneta High School	2014-2017		High School Diploma	2017		
(College) Tiffin University	2017-2021		Bachelor of Homeland Security and Terrorism	2021	Homeland Security and Terrorism	Law Enforcement
(College)						
(Graduate Study) Tiffin University	2021-2022					

STUDENT TEACHING EXPERIENCE

Hall

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER
2020-2022	Warehouse Worker	UPS 801 Industry Ave, Lima, OH
2020-2022	Student Assistant	Murphy Academic Center - 155 Miami St, Tiffin, OH

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER

Wapakoneta City Schools
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APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application 1/21/2022 Date Available for Assignment 1/24/22
 Name Kerstetter Jennifer J
(Last) (First) (Middle Initial)
 Permanent Address 86 Kushwa Rd Eglins PA 17938
(Street) (City) (State) (Zip)
 Home Phone Number (As shown on license) Cell Phone Number 570-691-4205
 Email Address: Jen@adhdsuccessllc.com

Temporary Address 1100 S. Main St. Celina OH 45822
(Street) (City) (State) (Zip)

Dates Effective ↑ where I live on a permanent basis due to husband employment.

POSITIONS DESIRED

1st Preference: Substitute teacher - Day to Day - Based on
 2nd Preference: my availability.
 3rd Preference: _____
 Other: _____

Full Time Part Time Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School)						
(College) Lycoming college	8/2000-5/2004	128	BA	5/2004	Psychology	American History
(College) Penn State Harrisburg Alvernia University	8/2006-5/2008	?	Teach. cert. Elem + K-6 Spec. Ed PK-12	5/2008	Certification	X
(Graduate Study) Penn State Harrisburg	8/2004-5/2006	?	MA	5/2006	American studies	-

STUDENT TEACHING EXPERIENCE

Kerstetter

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER
01/2008-05/2008	Line Mountain School Dis.	Harndon, PA	1 st grade all	Jill Lundy

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO/ YR	MO/ YR						
08/2008	08/2008	10	X		Line Mountain School District	542 West Shamokin Trevorton, PA 17881	1 st all sub

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER
	All kinds!	Let Me Know if you need more.

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER
Jill Lundy	2 nd gr. teacher	Dalmatia PA	570-259-9634
Autumn Walshak	1 st gr "	Dornsife, PA	570-809-3728
Sara Paulson	1 st gr	KulpmonT, PA	570-259-2680

Kimmel

STUDENT TEACHING EXPERIENCE

INCLUSIVE DATES (From – To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS	SUPERVISING TEACHER
January 12 th , 2022-Current	New Bremen Elementary	New Bremen, OH	4 th Grade Social Studies and Advanced Math	Darlene Gilberg

- I am currently observing Mrs. Darlene Gilberg at New Bremen Elementary every Wednesday from 7:30am-3:30pm, I usually work in small groups and not with the entire class.

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From – To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER
December 2020 - Current	Sales Associate Lead	Dollar General 1009 Lincoln Ave, Wapakoneta, OH, 45895
July 2020 - May 2021	Seasonal Tutor/Study Coach	Wright State University 3640 Colonel Glenn Hwy, Dayton, OH 45435
July 2019 - May 2020 (closed due to pandemic)	Cashier/Bookseller	Wright State University 3640 Colonel Glenn Hwy, Dayton, OH 45435

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	EMAIL ADDRESS
Angela Knapschaefer	Professor at Wright State University	angela.knapschaefer@wright.edu
Mindy Fulks	Professor at Wright State University	mindy.fulks@wright.edu
Darlene Gilberg	Supervising teacher at New Bremen Elementary	darlene.gilberg@newbremenschools.org

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APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application 1/24/2022 Date Available for Assignment 1/24/2022

Name Swartz Brittany R
(Last) (First) (Middle Initial)

Permanent Address 17131 Heiland kies road Botkins Ohio 45306
(Street) (City) (State) (Zip)

Home Phone Number _____ Cell Phone Number 419-303-3774

Email Address: bswart00@leeu.edu

Temporary Address 17131 Heiland kies road Botkins Ohio 45306
(Street) (City) (State) (Zip)

Dates Effective _____

POSITIONS DESIRED

1st Preference: Elementary grades

2nd Preference: Middle school

3rd Preference: High school

Other: _____

Full Time Part Time Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School) Troy Christian	Aug. 2015 to May 2018		Diploma	May 2018		
(College) Lee University	Aug. 2018 to Dec. 2021		Bachelor of arts	Dec. 10, 2021	Human Development TESOL certificate	Spanish TESOL
(College)						
(Graduate Study) Trevecca Nazarene University	April 2022		Bachelor of science		Marriage and family therapy	

STUDENT TEACHING EXPERIENCE

Swartz

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER
July 12-16, 2021	Lee University	Cleveland, TN	English	Dr. Blake

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER
Apr. 2019 to Dec. 2021	Floater/assistant teacher	Early Learning Center 1120 N. Ocoee st. Cleveland, TN 37311
Jan 2021 to Dec. 2021	Reading Tutor	Jill Barnett 109 Southgate DR SW Cleveland, TN, 37311
Jan. 2020 to Dec. 2021	Babysitter	Heather Quigley 8225 Georgetown Bay Dr. Ooltewah, TN 37363

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER
Anna Anderson	Supervisor	1120 N. Ocoee st. Cleveland, TN 37311	423-614-8532
Shane Brown	Advisor, teacher assistant	1120 N. Ocoee st. Cleveland, TN 37311	423-322-2648
Gloria Scott-Richmond	Choir director	717 Crab Apple Lane SE Cleveland, TN 37311	423-432-0790
Sarah Brandenburg	Teacher assistant	1120 N. Ocoee st. Cleveland, TN 37311	423-650-7357

Wapakoneta City Schools
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 Wapakoneta, OH 45895
 419-739-2900
 www.wapak.org

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application 01/24/22 Date Available for Assignment 01/25/22

Name Adams Catie A.
(Last) (First) (Middle Initial)

Permanent Address 1912 Frail Rd. Lima OH 45806
(Street) (City) (State) (Zip)

Home Phone Number _____ Cell Phone Number 567-204-6449

Email Address: Catieadams02@gmail.com

Temporary Address _____
(Street) (City) (State) (Zip)

Dates Effective _____

POSITIONS DESIRED

1st Preference: Substitute for Behavior Specialist (Elementary)

2nd Preference: School Counselor

3rd Preference: _____

Other: _____

Full Time Part Time Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School) Spencerville Spencerville, OH			High School Diploma			
(College) Ohio State University	2002-2009		B.A.	December 2009	Psychology	
(College)						
(Graduate Study) Liberty University	2019-Present		M.Ed.	Anticipated May 2022	School Counseling	

Adams

STUDENT TEACHING EXPERIENCE

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER
Jan. 2021 - Dec. 2021	Internship (School Counselor)	Wapakoneta Elementary
Jan. 2022 - Present	Internship (School Counselor)	Wapakoneta Middle School

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER
Abby Dellinger	School Counselor		419-852-3521
Kristi Fisher	School Counselor		419-234-2328
Nikki Sutton	Principal		419-733-0979

Food/Para
LMB-1/21/22

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
www.wapak.org

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JAN 21 2022

Wapakoneta
City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 1-20-22 Date Available for Assignment 1-31-22

NAME Anderson Lori L EMAIL dee dee jake@icloud.com
Last First Middle Initial

ADDRESS 6175 St. Johns Rd. Cridersville OH 45806
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED

Cell Phone Number 419-234-5056

1st preference: Food Service

2nd preference: Paraeducator

3rd preference: _____

Other: _____

Full time Part time

Will you consider assignment as a substitute? Yes No _____

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

Pre-employment drug testing applies to individuals whom the Wapakoneta City School District intends to hire or use, on a permanent or temporary basis, as commercial motor vehicle drivers. Applicants may be prospective employees or current employees who have served in other capacities and who wish to become a driver and must obtain and maintain a CDL. All applicants will be required to submit to a drug and alcohol screen. A verified positive drug test result will disqualify the applicant for employment.

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) Wapakoneta High			Diploma			
(college) North western Business College	FROM Mo./Year TO Mo./Year 1982 - 1984		Diploma	5/1984	Word Processing	N/A
(college)	FROM Mo./Year TO Mo./Year					

WORK EXPERIENCE (List Chronologically)

Anderson

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
8/20/84	- 3/5/21	Customer Service Rep.	Fifth Third Bank, Cincinnati, OH

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 0

Have you ever worked or gone to school under another name? If so, what name? NO

List extracurricular activities/clubs you can coach/advise _____

If employed, why do you wish to leave your present position? not employed

Have you ever been dismissed from a position or asked to resign? Yes _____ No X

If yes, explain _____

When can you appear for a personal interview? anytime

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Melinda Burden	Lead CSR	23269 Fairmount Rd., Waynesfield	1-937-844-9415
Amber Stiles	Physical Therapist Asst.	17295 Buckland-Holder, Wapak	419-296-5195
Stephanie Herge	head CSR	4315 McPheron Rd., Lima	419-230-3343

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW. I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. This affirmation refers to employment history, diplomas earned, and courses taken. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial of employment or discharge if I have been employed. The school district has my permission to contact all past and present employers.

Signed Lori A Anderson Date 1/20/22

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District does not discriminate in admission access, treatment of employment in its programs and activities on the basis of race or color, gender (including gender identity, sexual orientation, and pregnancy), age, national origin, religion, disability, or genetic information.

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
1102 Gardenia Drive
Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

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RECEIVED

JAN 31 2022

Wapakoneta
City School District

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 1-31-22 Date Available for Assignment 2-7-22

NAME Bodine Dana L EMAIL bodeenie13@hotmail.com
Last First Middle Initial

ADDRESS 124 bellwood drive Lima OH 45805
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED

1st preference: Secretarial

2nd preference: Food Services

3rd preference: Paraeducators

Other: Custodial

Cell Phone Number 507-356-7399

Full time _____ Part time X Will you consider assignment as a substitute? Yes X No _____

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

Pre-employment drug testing applies to individuals whom the Wapakoneta City School District intends to hire or use, on a permanent or temporary basis, as commercial motor vehicle drivers. Applicants may be prospective employees or current employees who have served in other capacities and who wish to become a driver and must obtain and maintain a CDL. All applicants will be required to submit to a drug and alcohol screen. A verified positive drug test result will disqualify the applicant for employment.

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) Wapakoneta High School			Diploma			
(college) Rhodes	FROM TO Mo./Year Mo./Year 2015 2016		Not obtained		Nursing	
(college) Apollo Massage Therapy	FROM TO Mo./Year Mo./Year 1/2017 2/2018	900	License	2/2018	Massage Therapy	

WORK EXPERIENCE (List Chronologically)

Bodine

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
4-2016	6-2017	Serving	Olive Garden - 1936 Roschman Ave
6-2017	12-2017	Daycare	Rhodes State - 345 S Elizabeth St
12-2017	3-2019	Healthcare Tech	Medical Laser Center - 750 W High St
3-2019	7-2019	Cleaning	Master Maintenance - 301 W Elm St
2018 -	Current	Massage Therapy	Self Employed - 4618 S Dixie Hwy

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 1
 Have you ever worked or gone to school under another name? If so, what name? No
 List extracurricular activities/clubs you can coach/advise _____

If employed, why do you wish to leave your present position? Would Work Both
 Have you ever been dismissed from a position or asked to resign? Yes _____ No X

If yes, explain _____
 When can you appear for a personal interview? 2-7-22

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Carrie Gehle	Massage	909 Wayne St / Crlina / OH	419-733-1048
Lora Sullivan	Cosmetology	4618 S Dixie Hwy / Lima / OH	419-230-5029
Shannan Robenalt	Nurse Practitioner	1015 S Blackhawk St / Wapak / OH	419-234-0863
Brandy	Daycare	345 S Elizabeth St / Lima / OH	419-233-1044

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW. I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. This affirmation refers to employment history, diplomas earned, and courses taken. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial of employment or discharge if I have been employed. The school district has my permission to contact all past and present employers.

Signed [Signature] Date 1-31-22

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
 1102 Gardenia Drive
 Wapakoneta, OH 45895

(Revised March 2017)

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
www.wapak.org

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 1-21-22 Date Available for Assignment 1-24-22

NAME Green Guina M EMAIL gmgreen1972@gmail.com
Last First Middle Initial

ADDRESS 1105 Middle St Apt 1B Wapakoneta OH 45895
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED

Cell Phone Number 567-356-6112

1st preference: Food service
2nd preference: Office Assistant
3rd preference: Para Pro
Other: _____

Full time Part time Will you consider assignment as a substitute? Yes _____ No

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

Pre-employment drug testing applies to individuals whom the Wapakoneta City School District intends to hire or use, on a permanent or temporary basis, as commercial motor vehicle drivers. Applicants may be prospective employees or current employees who have served in other capacities and who wish to become a driver and must obtain and maintain a CDL. All applicants will be required to submit to a drug and alcohol screen. A verified positive drug test result will disqualify the applicant for employment.

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) <u>Central Montcalm</u>			<u>Diploma</u>			
(college) <u>Montcalm Area Career Center</u>	FROM TO Mo./Year Mo./Year <u>6-1991 6-1992</u>				<u>Office systems Computerized Accounting</u>	
(college) <u>Montcalm Community College</u>	FROM TO Mo./Year Mo./Year <u>1999 2000</u>				<u>Accounting</u>	

WORK EXPERIENCE (List Chronologically) *Green*

DATE From To	KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
<i>Mercy Unlimited</i>	<i>Thr. St Store / Cashier</i>	<i>Mardana Kachories</i>
<i>Angela's Erie Machine</i>	<i>Plant Buyer</i>	
<i>General Aluminum</i>	<i>Jr. Buyer</i>	<i>Tina Burd</i>
<i>Koneta Rubber</i>	<i>Labeler</i>	
<i>Miller's Textile</i>	<i>Run lines thru irons</i>	<i>Jan Miller</i>

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness?

Have you ever worked or gone to school under another name? If so, what name?

List extracurricular activities/clubs you can coach/advise

If employed, why do you wish to leave your present position?

Have you ever been dismissed from a position or asked to resign? Yes No

If yes, explain

When can you appear for a personal interview?

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
<i>John Vandersell</i>	<i>GM</i>		<i>419-236-4226</i>
<i>Missy Larno</i>	<i>Financial Advisor</i>		<i>419-236-8336</i>
<i>Tammy Harris</i>	<i>Labeler</i>		<i>616-523-2793</i>

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Signed *Gina Jean* Date *1-21-22*

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

SEND THIS APPLICATION TO: **WAPAKONETA CITY SCHOOL DISTRICT**
1102 Gardenia Drive
Wapakoneta, OH 45895

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WAPAKONETA CITY SCHOOL DISTRICT

FEB 15 2022

11:08am

1102 Gardenia Drive
Wapakoneta, OH 45895

Wapakoneta
City Schools

hl

www.wapak.org

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 2-17-22 Date Available for Assignment ASAP

NAME Ickes Ashley N EMAIL troll-98@hotmail.com
Last First Middle Initial

ADDRESS 510 Court St. Wapakoneta OH 45895
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED

Cell Phone Number 567-204-8412

1st preference: Secretarial
2nd preference: Paraeducator
3rd preference: Summer School/camp
Other: _____

Full time Part time Will you consider assignment as a substitute? Yes No _____

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school)			Diploma			
(college)	FROM Mo./Year 2008 TO Mo./Year 2011		Associates	Aug. 2011	Healthcare administration	
(college)	FROM Mo./Year TO Mo./Year					

WORK EXPERIENCE (List Chronologically) Tokes

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER	
From	To			
08/19	08/21	material Analyst	Dana Incorporated	Lima, OH
03/18	03/19	office administrativ Asst.	Auglaize Acres	Wapakoneta, OH
03/17	02/18	Receptionist	Lima Memorial	Wapakoneta, OH
02/13	08/16	STNA	Auglaize Acres	Wapakoneta, OH
01/08	01/14	Gas station Attendant	Circle K	Botkins, OH

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 14 - covid
 Have you ever worked or gone to school under another name? If so, what name? yes Ashley Hernandez
 List extracurricular activities/clubs you can coach/advise none

If employed, why do you wish to leave your present position? not employed
 Have you ever been dismissed from a position or asked to resign? Yes No
 If yes, explain wouldnt accomodate medical restrictions any longer
 When can you appear for a personal interview? ASAP

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Marie Shaner	LPN	Wapakoneta, OH	419-733-3124
Stephanie Sekas	STNA	Unionopolis, OH	937-638-4357
Destiny O'Neal	STNA	Wapakoneta, OH	843-312-7159
Amy Tester	Clerical	Wapakoneta, OH	419-230-8563
Cindy Brummette	Clerical	Wapakoneta, OH	419-509-7985

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Signed  Date 2-17-22

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

SEND THIS APPLICATION TO: **WAPAKONETA CITY SCHOOL DISTRICT**
 1102 Gardenia Drive
 Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
www.wapak.org

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 01/20/2022 Date Available for Assignment 02/01/2022

NAME Mosier Yessenia G EMAIL YesseniaZavala@yahoo.com
Last First Middle Initial

ADDRESS 803 W Vine St Wapakoneta OH 45895
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED Cell Phone Number (567) 289-5940

1st preference: Food Service, Para
 2nd preference: _____
 3rd preference: _____
 Other: _____

Full time Part time Will you consider assignment as a substitute? Yes No _____

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school)						
(college)	FROM TO Mo./Year Mo./Year					
(college)	FROM TO Mo./Year Mo./Year					

WORK EXPERIENCE (List Chronologically) Mosier

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
06/20/2015	05/15/2016	child care	Tinker Child Development Center
01/30/2008	09/01/2012	Asst. Manager	Murphy U.S.A.
10/20/2012	06/15/2015	Asst. manager	Panda Express

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? None
 Have you ever worked or gone to school under another name? If so, what name? Yessenia Guadalupe Zavala
 List extracurricular activities/clubs you can coach/advise _____

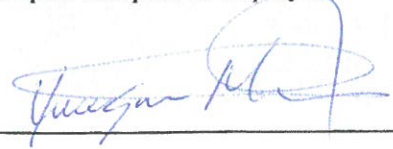
 If employed, why do you wish to leave your present position? _____
 Have you ever been dismissed from a position or asked to resign? Yes _____ No X
 If yes, explain _____
 When can you appear for a personal interview? _____

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Lisa Beeman	Core giver		(405) 209-1368
Cherrell Ivory	Core giver		(405) 215-5137
Lisa Valles	manager		(210) 279-0171

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Signed  Date 01/20/2021

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

SEND THIS APPLICATION TO: **WAPAKONETA CITY SCHOOL DISTRICT**
 1102 Gardenia Drive
 Wapakoneta, OH 45895

12:30 PM
ll

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FEB 15 2022

Wapakoneta
City Schools

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
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APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 02/14/2022 Date Available for Assignment 03/06/2022

NAME Paynter Heather S EMAIL hspaynter@gmail.com
Last First Middle Initial

ADDRESS 808 Park Drive Wapakoneta Ohio 45895
Street City State Zip

Work Phone Number N/A Home Phone Number N/A

Cell Phone Number 507-356-6595

POSITION(S) DESIRED

1st preference: COOK

2nd preference: para educator

3rd preference: open

Other: _____

Full time Part time Will you consider assignment as a substitute? Yes No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) Wapakoneta Senior High			Diploma			
(college) Rhodes State College	FROM Mo./Year TO Mo./Year 1/2011 11/2012	not sure	N/A	N/A	Radiology	N/A
(college) N/A	FROM Mo./Year TO Mo./Year N/A	N/A	N/A	N/A	N/A	N/A

WORK EXPERIENCE (List Chronologically)

Koynter

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER	
From	To			
6/2021	3/2022	Staffing	Minute Men Staffing	1254 Bellefontaine St Wapakoneta, OH
7/2018	4/2021	Data Entry/Packaging	Lange Photography	901 Dune Highway Wapakoneta, OH
8/2009	7/2017	Fast food	Wendy's	1411 Bellefontaine St Wapakoneta, OH
8/2000	7/2006	Retail	Wal-Mart	2400 Hardaway Highway Lima, Ohio
2/1992	4/1998	Food Service	Browns	Bellefontaine St Wapakoneta, OH

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 10 days - covid
 Have you ever worked or gone to school under another name? If so, what name? 2 days - illness
Heather Koynter
 List extracurricular activities/clubs you can coach/advise N/A

If employed, why do you wish to leave your present position? not a good fit
 Have you ever been dismissed from a position or asked to resign? Yes No

If yes, explain N/A

When can you appear for a personal interview? anytime

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
ERIN Werner	COOK	N/A WCS	419-296-2978
Courtney Beck-Rickard	Recruiter	N/A	567-712-0504
Susan Blatz	Lab Manager	N/A Lange	567-356-6740
Angela Martin	IT Specialist	N/A Lange	419-905-5378
Kristle Flinn	Graphic Designer	N/A Lange	419-576-2792

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Signed Heather S Koynter Date 02/14/2022

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SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
 1102 Gardenia Drive
 Wapakoneta, OH 45895

9:35 A.M. RECEIVED

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
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OCT 21 2021

Wapakoneta
City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 10-21-21 Date Available for Assignment Anytime

NAME Daniels Stacy Lynn EMAIL _____
Last First Middle Initial

ADDRESS 503 Perry Street Wapakoneta Ohio 45895
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED

Cell Phone Number (567) 204-9865

1st preference: Clean a School
2nd preference: _____
3rd preference: _____
Other: _____

Full time Part time _____ Will you consider assignment as a substitute? Yes No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school)						
(college)	FROM TO Mo./Year Mo./Year					
(college)	FROM TO Mo./Year Mo./Year					

WORK EXPERIENCE (List Chronologically)

Daniels

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
8-22-18	1-22-21	Housekeeping	Super 8 Wapakoneta

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? none

Have you ever worked or gone to school under another name? If so, what name? no

List extracurricular activities/clubs you can coach/advise none

If employed, why do you wish to leave your present position? I don't have a job.

Have you ever been dismissed from a position or asked to resign? Yes No

If yes, explain

When can you appear for a personal interview? Anytime

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Cathy Weber			(419) 738-7280
Jack Daniels			(419) 790-4837
Sharon Frederick			(419) 738-6188

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Signed Stacy Daniels Date 10-21-21

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
1102 Gardenia Drive
Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
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OCT 12 2021

Wapakoneta
City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 10/11/2021 Date Available for Assignment 10/19/2021

NAME Fark Brietta ann EMAIL BriettaFark31@gmail.com
Last First Middle Initial

ADDRESS 137 Winter have Dr Wapakoneta Ohio 45895
Street City State Zip

Work Phone Number _____ Home Phone Number (567) 391-0578
Cell Phone Number 419-230-1784

POSITION(S) DESIRED

1st preference: Cleaning restrooms Cafeteria
2nd preference: Clean Windows Summer Help
3rd preference: take out the trash
Other: _____

Full time _____ Part time Will you consider assignment as a substitute? Yes No

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) <u>Wapakoneta High School</u>	<u>5 Years</u>					
(college)	FROM Mo./Year TO Mo./Year					
(college)	FROM Mo./Year TO Mo./Year					

WORK EXPERIENCE (List Chronologically) Fark

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
July 13	August 20	cleaning to let's, sweep floors	Mercy Unlimited Inc 38 F Augsburg St Coleman

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 0 days

Have you ever worked or gone to school under another name? If so, what name? _____

List extracurricular activities/clubs you can coach/advise _____

If employed, why do you wish to leave your present position? _____

Have you ever been dismissed from a position or asked to resign? Yes _____ No

If yes, explain _____

When can you appear for a personal interview? 10/19/2021

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Miss Miller	Teacher	whs	(419) 739-5200
Linda nigh	Janitor	whs	(419) 739-5200
Brittani Fark	Sister	137 winter Haven Dr	(567) 319-0578

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Signed Brittani Fark Date 10/11/2021

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SEND THIS APPLICATION TO: **WAPAKONETA CITY SCHOOL DISTRICT**
1102 Gardenia Drive
Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
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NOV 15 2021

Wapakoneta
City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 11/15/2021 Date Available for Assignment 1/1/2022

NAME GERSTNER CHERYL A EMAIL cgerstner55@icloud.com
Last First Middle Initial

ADDRESS 315 Stinebaugh Drive Wapakoneta OH 45895
Street City State Zip

Work Phone Number 937 596-6111 Home Phone Number 567-674-7254

POSITION(S) DESIRED

Cell Phone Number 567-674-7254

1st preference: CAFETERIA MONITOR

2nd preference: _____

3rd preference: _____

Other: _____

Full time _____ Part time _____ Will you consider assignment as a substitute? Yes No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) WAPAK - JOE JOE	71-74		HIGH school diploma			
(college)	FROM TO Mo./Year Mo./Year					
(college)	FROM TO Mo./Year Mo./Year					

WORK EXPERIENCE (List Chronologically)

Gerstner

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
<i>09/80</i>	<i>12/23/21</i>	<i>LABORER And for QUALITY</i>	<i>AIRSTREAM INC 1001 West Pike St JACKSON Center OH. 45334</i>

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? *2 day covid*
 Have you ever worked or gone to school under another name? If so, what name? *NO*
 List extracurricular activities/clubs you can coach/advise *—*
 If employed, why do you wish to leave your present position? *Retiring*
 Have you ever been dismissed from a position or asked to resign? Yes No *X*
 If yes, explain
 When can you appear for a personal interview? *FRIDAY AFTERNOON*

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
<i>Dustin Dobie</i>	<i>ELDA TEACHER</i>	<i>110 BLUEGRASS DR WAPAKONETA OH 45895</i>	<i>419-302-8172</i>
<i>YVONNE COOK</i>	<i>Retired teacher WAPAK</i>	<i>812 POPPY DR WAPAKONETA OH 45895</i>	<i>419-204-9933</i>
<i>ERIC CLINTON</i>	<i>QUALITY MANAGER AIRSTREAM</i>	<i>1001 West PIKE ST JACKSON CENTER OH 45334</i>	<i>937-588-1260</i>

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW. I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. This affirmation refers to employment history, diplomas earned, and courses taken. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial of employment or discharge if I have been employed. The school district has my permission to contact all past and present employers.

Signed *Cheryl A Gerstner* Date *11/15/21*

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District does not discriminate in admission access, treatment of employment in its programs and activities on the basis of race or color, gender (including gender identity, sexual orientation, and pregnancy), age, national origin, religion, disability, or genetic information.

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
 1102 Gardenia Drive
 Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
 Wapakoneta, OH 45895
 www.wapak.org

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 11/21/22 Date Available for Assignment ASAP

NAME Keyser Karla J EMAIL KeyserKarla@gmail.com
Last First Middle Initial

ADDRESS 321 Westmain Cridersville OH 45806
Street City State Zip

Work Phone Number 419 231-0078 Home Phone Number _____
 Cell Phone Number _____

POSITION(S) DESIRED

1st preference: Cafeteria

2nd preference: _____

3rd preference: _____

Other: _____

Full time Part time Will you consider assignment as a substitute? Yes No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) <u>Apollo</u> <u>Cred</u>			<u>cred</u>			
(college)	FROM Mo./Year TO Mo./Year					
(college)	FROM Mo./Year TO Mo./Year					

WORK EXPERIENCE (List Chronologically)

Keysor

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
Otterbein		Dietary	Cridersville, Shannon
Cridersville Health Center		Dietary	Cridersville, Kristy

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 5 Days

Have you ever worked or gone to school under another name? If so, what name? _____

List extracurricular activities/clubs you can coach/advise _____

If employed, why do you wish to leave your present position? _____

Have you ever been dismissed from a position or asked to resign? Yes _____ No X

If yes, explain _____

When can you appear for a personal interview? yes

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Hecather Wellbaum		Cridersville	419 204 0607
Jordan Ray		Cridersville	419 731 0078
Rose Kileff	Service Master	Lima	567-204-7703

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Signed Kaya Keysor Date 11/21/22

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
1102 Gardenia Drive
Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
www.wapak.org

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 1-18-22 Date Available for Assignment 1-19-22

NAME Saam Jennifer Nicole EMAIL saamfam141501@gmail.com
Last First Middle Initial

ADDRESS 700 Greenbriar St. Cridersville OH 45806
Street City State Zip

Work Phone Number N/A Home Phone Number N/A
 Cell Phone Number (419) 204-8933

POSITION(S) DESIRED

1st preference: Cafeteria

2nd preference: _____

3rd preference: _____

Other: _____

Full time Part time Will you consider assignment as a substitute? Yes No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) Wapakoneta			diploma			
(college) Rhodes State	FROM TO Mo./Year Mo./Year	-	Associates		occupational therapy	
(college)	FROM TO Mo./Year Mo./Year					

Saam

WORK EXPERIENCE (List Chronologically)

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
2018	current	childcare	in my home
2007	2018	occupational therapist Assistant	Shawnee Manor, Cridersville healthcare, various places of employment.

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? _____
 Have you ever worked or gone to school under another name? If so, what name? yes I go by Nick (middle name)
 List extracurricular activities/clubs you can coach/advise girl scouts
 If employed, why do you wish to leave your present position? to work outside of the home
 Have you ever been dismissed from a position or asked to resign? Yes _____ No X
 If yes, explain _____
 When can you appear for a personal interview? ASAP

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Lucy Serr	Physical Therapist	14601 Botkins Rd	(419) 571-4378
Stacey Still	provided care for her child	1208 Malibu Ct.	(419) 230-3941
Bonnie Miller	Physical Therapist	4234 S. Dixie Hwy	(567) 204-1823

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Signed Jennifer Saam Date 1-18-2022

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.

SEND THIS APPLICATION TO: **WAPAKONETA CITY SCHOOL DISTRICT**
1102 Gardenia Drive
Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
 Wapakoneta, OH 45895
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JAN 21 2022

Wapakoneta
 City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 1-19-2022 Date Available for Assignment _____

NAME Schneer Jacqueline D. EMAIL jshortie53@gmail.com
Last First Middle Initial

ADDRESS 18892 Buckland-Holden Rd. Wapakoneta OH 45895
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED

1st preference: Food Service
 2nd preference: _____
 3rd preference: _____
 Other: _____

Cell Phone Number 419-276-7455

Full time _____ Part time Will you consider assignment as a substitute? Yes _____ No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE		SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) <u>Northwood H.S.</u>							
(college) <u>Owens Community College</u>	FROM Mo./Year <u>1991</u>	TO Mo./Year <u>1997</u>					
(college)	FROM Mo./Year	TO Mo./Year					

WORK EXPERIENCE (List Chronologically)

Schneer

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
2008	Present	S&O Specialized Transport LLC	18892 Buckland-Holden Rd.

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? _____

Have you ever worked or gone to school under another name? If so, what name? _____

List extracurricular activities/clubs you can coach/advise _____

If employed, why do you wish to leave your present position? _____

Have you ever been dismissed from a position or asked to resign? Yes _____ No

If yes, explain _____

When can you appear for a personal interview? today

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER

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Signed Jacqueline D. Schneer Date 1-19-2022

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SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
1102 Gardenia Drive
Wapakoneta, OH 45895

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
www.wapak.org

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1:00 pm
SEP 13 2021
Wapakoneta
City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 9/13/21 Date Available for Assignment 2-WEEK NOTICE TO CURRENT EMPLOYER

NAME BARRETT ROBERT J. EMAIL DOTCOP3210@YAHOO.COM
Last First Middle Initial

ADDRESS 1411 GETTYSBURG DRIVE WAPAKONETA OH 45895
Street City State Zip

Work Phone Number 419-204-9947 Home Phone Number 419-738-8220

Cell Phone Number 419-790-9002

POSITION(S) DESIRED

1st preference: DRIVER

2nd preference: MAINTENANCE

3rd preference: _____

Other: _____

Full time Part time _____ Will you consider assignment as a substitute? Yes _____ No

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) <u>SOUTHERN LOCAL SCHOOLS</u>	<u>1978-1982</u>		<u>DIPLOMA</u>			
(college) <u>GRADUATE OF OHIO HIGHWAY PATROL ACADEMY</u>	FROM TO Mo./Year Mo./Year <u>1985-1986</u>		<u>COMMISSION</u>	<u>1986</u>		
(college)	FROM TO Mo./Year Mo./Year					

WORK EXPERIENCE (List Chronologically)

Barrett

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
<i>1985</i>	<i>2001</i>	<i>LAW ENFORCEMENT</i>	<i>OHIO HIGHWAY PATROL - STATE OF OHIO</i>
<i>2001</i>	<i>2019</i>	<i>REGULATORY</i>	<i>PUBLIC UTILITIES COMMISSION OF OHIO</i>
<i>2019</i>	<i>PRESENT</i>	<i>DEPARTMENT MANAGER</i>	<i>LOWE'S</i>

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? *ONE*
 Have you ever worked or gone to school under another name? If so, what name? *NO*
 List extracurricular activities/clubs you can coach/advise *NONE*

If employed, why do you wish to leave your present position? *CONSISTENT SCHEDULE*
 Have you ever been dismissed from a position or asked to resign? Yes No *✓*

If yes, explain _____
 When can you appear for a personal interview? *MY SCHEDULE VARIES, WILL WORK WITH INTERVIEWER*

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
<i>SCOTT EVANS</i>	<i>ASSISTANT MGR</i>	<i>1905 CHESTNUT ST. MAADYS OH 45885</i>	<i>419-733-5336</i>
<i>KELLY HEDGLIN</i>	<i>RETIRED SUPERVISOR</i>	<i>10660 CHEROKEE DR. FINDLAY OH 45840</i>	<i>419-957-4652</i>
<i>STEVE MORRIE</i>	<i>FORMER CO-WORKER</i>	<i>6399 OTTERBEIN-ITHACA RD. ARCANUM OH 45304</i>	<i>937-564-7287</i>

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Signed *Robert J. Barrett* Date *9/13/21*

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SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
 1102 Gardenia Drive
 Wapakoneta, OH 45895

Nurse Jeannie 2/9/22

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
 Wapakoneta, OH 45895
 www.wapak.org

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FEB - 9 2022

Wapakoneta
 City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 2/9/22 Date Available for Assignment Any

NAME Martin Kyleigh A EMAIL cardev1997@gmail.com
Last First Middle Initial

ADDRESS 3 Sheffield Ln Lima OH 45805
Street City State Zip

Work Phone Number _____ Home Phone Number _____

POSITION(S) DESIRED Cell Phone Number 419 905 8059

1st preference: Sub-school Nurse
 2nd preference: _____
 3rd preference: _____
 Other: _____

Full time _____ Part time _____ Will you consider assignment as a substitute? Yes No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) Wapakoneta						
(college) Rhodes (Ass.)	FROM Mo./Year TO Mo./Year 2017 2019				⊗	
(college) Western gov. (Baer)	FROM Mo./Year TO Mo./Year 2019 2022				⊗	

WORK EXPERIENCE (List Chronologically)

Martin

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
2016	Current	STNA - RN (ER)	St. Ritas Mercy Health

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 1

Have you ever worked or gone to school under another name? If so, what name? Carder

List extracurricular activities/clubs you can coach/advise _____

If employed, why do you wish to leave your present position? No

Have you ever been dismissed from a position or asked to resign? Yes _____ No X

If yes, explain _____

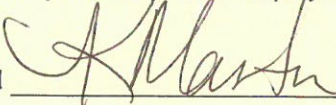
When can you appear for a personal interview? within AS SOON AS needed

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
<u>Jeanne Vanhorn</u>	<u>School Nurse</u>		

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Signed  Date 2/9/22

AN EQUAL OPPORTUNITY EMPLOYER: The Wapakoneta City School District does not discriminate in admission access, treatment of employment in its programs and activities on the basis of race or color, gender (including gender identity, sexual orientation, and pregnancy), age, national origin, religion, disability, or genetic information.

SEND THIS APPLICATION TO: WAPAKONETA CITY SCHOOL DISTRICT
1102 Gardenia Drive
Wapakoneta, OH 45895

nurse

WAPAKONETA CITY SCHOOL DISTRICT

1102 Gardenia Drive
Wapakoneta, OH 45895
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3:05pm

JAN 26 2022

Wapakoneta
City Schools

APPLICATION FOR NON-TEACHING EMPLOYMENT

Date of Application 1/20/22 Date Available for Assignment 1/28/22

NAME Zwiebel Caleb A EMAIL czwiebel94@gmail.com
Last First Middle Initial

ADDRESS 20778 Santa Fe - New Knoxville rd. Wapakoneta OH 45895
Street City State Zip

Work Phone Number N/A Home Phone Number N/A

POSITION(S) DESIRED Cell Phone Number 567-356-1215

1st preference: Substitute School Nurse
2nd preference: _____
3rd preference: _____
Other: _____

Full time _____ Part time X Will you consider assignment as a substitute? Yes X No _____

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EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(high school) <u>Wapakoneta</u>			<u>Gen. Ed</u>			
(college) <u>Mount Carmel College of Nursing</u>	FROM TO Mo./Year Mo./Year <u>5/2013 5/2017</u>		<u>Bachelor's</u>	<u>May 2017</u>	<u>BSN (Nursing)</u>	<u>N/A</u>
(college)	FROM TO Mo./Year Mo./Year					

WORK EXPERIENCE (List Chronologically) *Zwiebel*

DATE		KIND OF WORK	NAME AND ADDRESS OF EMPLOYER
From	To		
7/2017	11/2021	ICU Nursing @ OSUWMC	Ohio State Wexner Medical Center <small>410 W. 10th Ave, Columbus Ohio 43210</small>
1/2022	Present	Travel Nurse	Blanchard Valley Bluffton <small>139 Garau St. Bluffton, OH 45017</small>

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? 2-3 days

Have you ever worked or gone to school under another name? If so, what name? N/A

List extracurricular activities/clubs you can coach/advise N/A

If employed, why do you wish to leave your present position? Substitute on days off.

Have you ever been dismissed from a position or asked to resign? Yes No X

If yes, explain N/A

When can you appear for a personal interview? Anytime

REFERENCES

List below three or more persons qualified to give information regarding your job fitness.

NAME	POSITION	ADDRESS (Street/City/State)	PHONE NUMBER
Josh Bowers	School Nurse		614-507-9095
Oscar Ortega	Resp. Therapist		614-966-3622
Ivan Dominguez	Nurse		614-209-1179

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW. I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. This affirmation refers to employment history, diplomas earned, and courses taken. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial of employment or discharge if I have been employed. The school district has my permission to contact all past and present employers.

Signed *[Signature]* Date 1/20/22

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1102 Gardenia Drive
Wapakoneta, OH 45895