

| DISTRICT USE ONLY                |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> ACT 151 | <input type="checkbox"/> TB Test     |
| <input type="checkbox"/> ACT 34  | <input type="checkbox"/> Physical    |
| <input type="checkbox"/> I-9     |                                      |
| <input type="checkbox"/> Cert.   | <input type="checkbox"/> Transcripts |

# SHAMOKIN AREA SCHOOL DISTRICT

## SUPPORT STAFF APPLICATION

(PLEASE PRINT OR TYPE)

POSITIONS FOR WHICH YOU ARE APPLYING: \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ SUBSTITUTE

Secretarial     Custodian/Maintenance     Van Driver     Bus Driver  
 Teacher Aide     ~~Food Service~~     Security     Other \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

|                        |       |                       |        |
|------------------------|-------|-----------------------|--------|
|                        | LAST  | FIRST                 | MIDDLE |
| <b>PRESENT ADDRESS</b> |       |                       |        |
| STREET                 |       | (AREA CODE) TELEPHONE |        |
| CITY                   | STATE | ZIP CODE              |        |

E-MAIL ADDRESS AND CELL PHONE # (IF AVAILABLE) \_\_\_\_\_

### EDUCATIONAL BACKGROUND

|                    | SCHOOL OR INSTITUTION<br>LOCATION | MAJOR/MINOR | DIPLOMA,<br>DEGREE, OR<br>CREDITS | GRADE POINT<br>AVERAGE<br>(GPA) |
|--------------------|-----------------------------------|-------------|-----------------------------------|---------------------------------|
| HIGH SCHOOL        |                                   |             |                                   |                                 |
| COLLEGE/UNIVERSITY |                                   |             |                                   |                                 |
| COLLEGE/UNIVERSITY |                                   |             |                                   |                                 |
| GRADUATE STUDY     |                                   |             |                                   |                                 |

### EXPERIENCE

(LIST PRESENT OR MOST RECENT FIRST)

| Dates                            |  | Name of Employer and Address | Job Title |
|----------------------------------|--|------------------------------|-----------|
| <b>FROM</b>                      |  |                              |           |
|                                  |  |                              |           |
| <b>TO</b>                        |  |                              |           |
|                                  |  |                              |           |
|                                  |  | (Area Code) Telephone:       |           |
| Work Performed:                  |  | Reason for Leaving:          |           |
|                                  |  |                              |           |
| Name and Title<br>of Supervisor: |  | Final Yearly<br>Salary:      |           |

| Dates                         |  | Name of Employer and Address | Job Title |
|-------------------------------|--|------------------------------|-----------|
| FROM                          |  |                              |           |
|                               |  |                              |           |
| TO                            |  |                              |           |
|                               |  |                              |           |
|                               |  | (Area Code) Telephone:       |           |
| Work Performed:               |  | Reason for Leaving:          |           |
|                               |  |                              |           |
| Name and Title of Supervisor: |  | Final Yearly Salary:         |           |

| Dates                         |  | Name of Employer and Address | Job Title |
|-------------------------------|--|------------------------------|-----------|
| FROM                          |  |                              |           |
|                               |  |                              |           |
| TO                            |  |                              |           |
|                               |  |                              |           |
|                               |  | (Area Code) Telephone:       |           |
| Work Performed:               |  | Reason for Leaving:          |           |
|                               |  |                              |           |
| Name and Title of Supervisor: |  | Final Yearly Salary:         |           |

**OTHER QUALIFICATIONS (Volunteer, Community Activities)**

|  |
|--|
| <p>Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application (honors, awards, activities, technology skills or professional development activities).</p> |
|  |

**APPLICANTS FOR SECRETARY OR TEACHER AIDE - MUST COMPLETE THE SECTION BELOW  
(OTHER APPLICANTS MAY PROCEED TO THE NEXT SECTION)**

| OFFICE SKILLS, COMPUTERS AND SOFTWARE APPLICATIONS | LIST ALL PROGRAMS YOU CAN USE (MS WORD, POWERPOINT, EXCEL....) |
|--|--|
| PC-based   |  |
| Keyboarding: (WPM) _____                           |  |
|  |  |

## REFERENCES

References should include persons who have first-hand knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

| NAME | POSITION | ADDRESS | TELEPHONE |
|------|----------|---------|-----------|
|      |          |         |           |
|      |          |         |           |
|      |          |         |           |
|      |          |         |           |

## GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determination before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offenses: Yes    No

Are you currently under charges for a criminal offense: Yes    No

Have you ever forfeited bond or collateral in connection with a criminal offense: Yes    No

Within the last ten years, have you been fired from any job for any reason? Yes    No

Within the last ten years, have you quit a job after being notified that you would be fired? Yes    No

Are you subject to any visa or immigration status, which would prevent lawful employment? Yes    No

**NOTE:** If you answered "Yes" to any of the above questions, please provide a detailed explanation below, or on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and including your social security number.

**ACT 33 (ACT 151) - (PA Child Abuse History Clearance)**

Each candidate must submit with his/her employment application a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be not more than one (1) year old. The applicant must submit the original report proper to employment.

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**ACT 34 - (Background Check of Prospective Employees)**

Each Pennsylvania resident must submit with his/her employment application a copy of a report of Criminal History Record Information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police Central Repository contains no such information relating to that person. **Each applicant who has not been a resident of Pennsylvania for more than 2 years immediately before the date of the application must submit with his/her application for employment a copy of a federal criminal record history from the Federal Bureau of Investigation. These criminal record history reports must be no more than one (1) year old.** The applicant must submit the original report prior to employment.

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**CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of the Shamokin Area School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information that would tend to actually identify a disability nor do I authorize inquiries that would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate (in ink)  
(must be original)

*The Shamokin Area School district does not discriminate in its educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, (including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.*