

SAINT CLAIR AREA SCHOOL DISTRICT
227 SOUTH MILL STREET
SAINT CLAIR, PA 17970
570-429-2716



APPLICATION FOR EMPLOYMENT

(Please Print or Type)

_____ SOCIAL SECURITY # _____
Last First M.I.

PRESENT ADDRESS _____
NO. STREET CITY STATE ZIP

HOW MANY YEARS HAVE YOU LIVED AT THIS ADDRESS _____ TELEPHONE _____ CELL _____

JOB(S) APPLIED FOR 1. _____ RATE OF PAY EXPECTED \$ _____ PER HOUR
2. _____ RATE OF PAY EXPECTED \$ _____ PER HOUR

DO YOU WANT TO WORK FULL TIME or PART TIME?
SPECIFY DAYS AND HOURS IF PART-TIME _____

HAVE YOU WORKED FOR THE SCHOOL DISTRICT BEFORE? _____ IF YES, WHEN? _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR US _____

IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK _____

ARE THERE ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE
SCHOOL DISTRICT? PLEASE DESCRIBE THEM BRIEFLY _____

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? _____

DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF WORK _____

IF YES, DESCRIBE THE HANDICAP AND EXPLAIN THE WORK LIMITATIONS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR or GRADE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
POST GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS or TRADE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO IF YES, WHAT BRANCH _____

DATES OF DUTY _____ TO _____ RANK AT DISCHARGE _____

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES FROM TO	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY START FINISH	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
DESCRIBE IN DETAIL THE WORK YOU DID:				
DATES FROM TO	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY START FINISH	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
DESCRIBE IN DETAIL THE WORK YOU DID:				
DATES FROM TO	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY START FINISH	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
DESCRIBE IN DETAIL THE WORK YOU DID:				

_____ HAVE YOU CONTACTED THE EMPLOYERS LISTED ABOVE?

IF NOT, WHY _____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that the opportunity for employment with this school district will be based only on merit.

The St. Clair Area School District does not discriminate in its 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 Acts 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, and the Americans with Disabilities Act of 1990.

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT _____ DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW YES NO DATE _____ HOUR _____

RESULT OF INTERVIEW:

ACCEPTABLE FOR EMPLOYMENT? _____ STARTING RATE _____

CLASSIFICATION _____

INTERVIEWED BY _____

DATE OF HIRING (BOARD ACTION) _____ STARTING DATE _____