

# SHIKELLAMY SCHOOL DISTRICT

Sunbury, PA

## Application for Support Staff Employment

Date application completed \_\_\_\_\_

(Please type or print)

**POSITION(S) DESIRED** \_\_\_\_\_

**Name** \_\_\_\_\_

Last

First

MI

Social Security Number <sup>1</sup>

**Present Address** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Street

Telephone

\_\_\_\_\_

City

State

Zip Code

**E-mail Address (if available)** \_\_\_\_\_

**Valid PA Drivers License**  Yes  No

**Valid CDL License**  Yes  No

**Place a check mark or X in front of the position or positions for which you are applying.**

\_\_\_\_\_ Secretarial

\_\_\_\_\_ Food Service Worker

\_\_\_\_\_ Custodian

\_\_\_\_\_ Maintenance

\_\_\_\_\_ Classroom Instructional Aide

\_\_\_\_\_ Crossing Guard

\_\_\_\_\_ Personal Care Aide

\_\_\_\_\_ General Aide

\_\_\_\_\_ Health Room Technician

\_\_\_\_\_ Other

If you are not employed full time, are you interested in being placed on our substitute list?

Long-term  Yes  No

Short-term  Yes  No

<sup>1</sup> Federal Privacy Act (5 U.S.C. 552a note) Statement. Authority for requesting social security account numbers: Public School Code of 1949 (24 P.S. 12-1212, 24 P.S. 1224) Principle purpose: To verify certification. Other purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the SSAN will result in an applicant not being considered for employment.

**EDUCATIONAL BACKGROUND**

	School or Institution and Location	Major/Minor	Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
GED			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No

**EXPERIENCE** (*Present or most recent first*)

Dates from: _____	Name of Employer and Address: _____ _____	Your title: _____
To: _____	Phone Number: _____ Name and Title of Supervisor: _____	Reason for leaving: _____ _____
Hourly wages or salary: _____	Work performed: _____ _____	

Dates from: _____	Name of Employer and Address: _____ _____	Your title: _____
To: _____	Phone Number: _____ Name and Title of Supervisor: _____	Reason for leaving: _____ _____
Hourly wages or salary: _____	Work performed: _____ _____	

**EXPERIENCE** *(Present or most recent first)*

Dates from: _____ To: _____	Name of Employer and Address: _____ _____ Phone Number: _____ Name and Title of Supervisor: _____ _____	Your title: _____ Reason for leaving: _____ _____
Hourly wages or salary: _____	Work performed: _____ _____	

**REFERENCES**

References should include employers or supervisors who have first-hand knowledge of your work habits, skills, competence, and your personal qualifications. Experienced workers should include the supervisor of the two most recent places of employment. 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

**OTHER QUALIFICATIONS**

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, i.e., honors, awards, activities, technology skills or professional development activities:

---



---



---

**Describe or list specific training that help to qualify you for the job in which you are applying. Please include when and where this training took place. (If more space is needed, attach another paper.)**

---

---

---

---

---

**Please state any additional information on your understanding of technology in relationship to the job you are applying for at this time. (If more space is needed, attach another paper.)**

---

---

---

---

---

---

**PA State Police Criminal History Form**

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. The applicant **MUST** submit the **ORIGINAL** report prior to employment.

\*\*\*\*\*

**PA Child Abuse History Form**

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 applicant **MUST** submit the **ORIGINAL** report prior to employment.

\*\*\*\*\*

**Federal Criminal History Record Information (CHRI)**

Each candidate must submit with his/her employment application a copy of the registration ID number through the PA Department of Education in order to for District Human Resources Personnel to view the candidate’s results on the Cogent system.

\*\*\*\*\*

**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 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 administrators of Shikellamy 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 Shikellamy 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 which would tend to actually identify a disability nor do I authorize inquiries which 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** *(must be an original in ink)*

*Shikellamy School District shall not discriminate in their 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.*

**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 provide date of 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 pleas or “nolo contendere” (no contest). **Conviction** is an adjudication of guilt and includes determinations 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 18<sup>th</sup> 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 offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever forfeited bond or collateral in connection with a criminal offense?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under charges for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> 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 on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.*

Name _____ Date _____
Signature _____ (Must be an original and in ink)