



**WESTMONT HILLTOP**

**SCHOOL DISTRICT**

Substitute aides/secretaries:  
\$7.25/hr. (min. wage)

SUBSTITUTE SECRETARY INTEREST FORM

NAME (Please Print) \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_ DOB: \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE SPACE(S)

I am available EVERY/ANY day as a substitute Secretary \_\_\_\_\_

I am available only on the following days (check all that apply):

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

If any of your information changes throughout the year - please notify us

**PLEASE RETURN THIS FORM and ANY UPDATED CLEARANCES ASAP:**

Westmont Hilltop Superintendent's Office  
 222 Fair Oaks Drive, Johnstown PA 15905  
 Attn: Mary Hartnett  
 FAX: 814-255-7735  
 Or by email: [meh@whsd.org](mailto:meh@whsd.org)

Please note: If your clearances are older than 1 year – and you did not work for us last year, please reapply and send them along with this completed form or make a note that they are in the process of being updated. Links to the clearance sites can be found on our website [www.whsd.org](http://www.whsd.org). Thank you!

*-Please complete both sides-*

**Office Use:**

- \_\_\_\_ 6004
- \_\_\_\_ Child Abuse
- \_\_\_\_ Criminal History
- \_\_\_\_ FBI Fingerprint
- \_\_\_\_ Board Approval
- \_\_\_\_ Health Form with Nurse's Approval
- \_\_\_\_ I-9
- \_\_\_\_ Board Approval

WESTMONT HILLTOP SCHOOL DISTRICT  
APPLICATION  
FOR  
SUBSTITUTE SECRETARY

Did you work for our district last year? YES \_\_\_\_\_ NO \_\_\_\_\_ If 'NO' please complete this page.

EDUCATION:

<i>School and Address</i>	<i>From</i>	<i>To</i>	<i>Fields of Study</i>	<i>Diploma or Degree</i>

AREAS OF PROFICIENCY & SKILL:


EXPERIENCE:

<i>Business and Location</i>	<i>Dates of Employment</i>	<i>No. of Years</i>	<i>Duties</i>	<i>Name of Supervisor and Phone #</i>

REFERENCES:

*Name & Address*

*Position*

*Telephone*

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