

**PUNXSUTAWNEY AREA SCHOOL DISTRICT**

300 Center Street  
PUNXSUTAWNEY, PA 15767  
Telephone: 814 938-5151

**APPLICATION FOR EMPLOYMENT**

POSITION DESIRED: \_\_\_\_\_ Date of Application: \_\_\_\_\_

ARE YOU INTERESTED IN BEING PLACED ON OUR SUBSTITUTE LIST? Yes  No

What days are you available? \_\_\_\_\_

What hours are you available? \_\_\_\_\_

**\*NOTE\* Once your application is reviewed, you will be contacted by the district to inform you whether or not you should proceed with getting your clearances, physical and drug testing screen.**

**PERSONAL DATA:**

Name \_\_\_\_\_

Last First Middle Social Security Number

Present Address \_\_\_\_\_

Street Phone Number

City, State, Zip Business Phone

Permanent Address (If different from above) \_\_\_\_\_

Phone Number

**EDUCATION:**

	Name and Address	Major	Circle Last Year Completed	Degree
High School	_____		1 2 3 4	
Undergrad Institution	_____		1 2 3 4	
			1 2 3 4	

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

List awards and honors while in school: \_\_\_\_\_

**EMPLOYMENT RECORD:**

Starting with PRESENT or MOST RECENT, list all previous employment. Include self-employment, summer and part-time jobs. Attach a separate sheet if necessary.

<u>Company Name and Business</u>	<u>Dates</u>	<u>Position and Supervisor</u>
Name	From	Position
Address	To	Supervisor
Name	From	Position
Address	To	Supervisor
Name	From	Position
Address	To	Supervisor

Have you applied for a position in this district before? **Yes**  **No**  If yes, when? \_\_\_\_\_

**REFERENCES**

List at least **three** references from individuals who have first hand knowledge of your work ability and experience.

<u>Name</u>	<u>Position/Organization</u>	<u>Address/Telephone</u>

**GENERAL INFORMATION**

1. Do you require any special accommodations to perform this job?  
\_\_\_\_\_
2. Were you ever discharged or asked to resign from a position?  
\_\_\_\_\_
3. Are you presently employed? \_\_\_\_\_ Present position: \_\_\_\_\_  
\_\_\_\_\_ Salary \_\_\_\_\_
4. Reason for interest in changing position:  
\_\_\_\_\_  
\_\_\_\_\_

5. Indicate when you would be available to come for a personal interview if one is requested:

6. When will you be available for employment? \_\_\_\_\_

7. Please use a separate sheet of paper to describe the special abilities and experiences to support the position desired.

8. You must submit the following (Please refer to checklist for additional information):

- **ACT 34 Compliance (Background Check of Prospective Employees)** The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.
- **ACT 151 (PA Child Abuse History Clearance)** The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.
- **ACT 114 (Federal Criminal History Record)** The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.
- **ACT 24-PDE Form 6004 (Arrest/Conviction Report and Certification)**
- **ACT 126 (Child Abuse Mandated Reporter Training)**
- **ACT 168 (Sexual Misconduct/Abuse Release)**
  
- **Physical and TB Test** (The TB test must be no more than three (3) months old at the time of hire.)
- **Pre-employment Drug Screening**

### Statement of Applicant

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to investigate my personal qualifications and employment history by contacting my former employers and references.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

All applications will be kept in the active file for one year. (July 1 to June 30)

All applications must be returned to: School Board Secretary  
Punxsutawney Area School District  
300 Center Street  
Punxsutawney, PA 15767

#### NOTICE OF NONDISCRIMINATION