



**MARION CENTER AREA SCHOOL DISTRICT**

**ADMINISTRATIVE OFFICE**

**22820 RT 403 HWY N**

**P.O. Box 156**

**MARION CENTER PA 15759**

**PHONE: 724-397-5551**

**FAX: 724-397-9144**

Name: {Last} \_\_\_\_\_ {First} \_\_\_\_\_ {Middle} \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address: {Street} \_\_\_\_\_ {P.O. B} \_\_\_\_\_

{City} \_\_\_\_\_ {State} \_\_\_\_\_ {Zip} \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If you are not a citizen, do have work permit or evidence of alien status?  Yes  No

Are you eighteen (18) year of age or older?  Yes  No

**POSITION APPLIED FOR:**

The following list indicates the nonprofessional occupations available in the Marion Center Area School District. Place an (X) beside the position(s) you prefer.

- Instructional Teacher's Aide       Maintenance       LPN/Clerk
- Custodian       Secretarial       Cafeteria Worker

**EMPLOYMENT AVAILABILITY**

Are you willing to accept a shift job?  Yes  No  
 Full time  Part time

Are you willing to accept a job at any location in the District?  Yes  No

**PROFESSIONAL/TRADE ORGANIZATIONS:**

Please, list any professional, trade, or service organizations to which you belong. Exclude any organization, which may indicate race, religion, sex, national origin or ancestry:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

**EDUCATION AND TRAINING: List all education and training that you have had that is applicable to the position(s) for which you are applying.**

INDICATE SCHOOL \_\_\_\_\_

YEARS ATTENDED \_\_\_\_\_ LAST YEAR COMPLETED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

- College: \_\_\_\_\_ 1-2-3-4-5-6
- High School: \_\_\_\_\_ 1-2-3-4
- Business or Trade: \_\_\_\_\_ 1-2-3-4
- Technical: \_\_\_\_\_ 1-2-3-4
- Other: \_\_\_\_\_ 1-2-3-4

## SECRETARIAL/CLERICAL SKILLS

Dictation Speed: \_\_\_\_\_ words per minute.      Typing speed \_\_\_\_\_ words per minute.

**Special Skills.** Check the items for which you have training and/or experience operating:

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Typing                      | <input type="checkbox"/> 02 Shorthand                |
| <input type="checkbox"/> 03 Computer (name)             | <input type="checkbox"/> 04 Auto Mechanic            |
| <input type="checkbox"/> 05 Plumbing                    | <input type="checkbox"/> 06 Construction             |
| <input type="checkbox"/> 07 Welding                     | <input type="checkbox"/> 08 Heavy Equipment Operator |
| <input type="checkbox"/> 09 Accounting                  | <input type="checkbox"/> 10 Bookkeeping              |
| <input type="checkbox"/> 11 Clerical                    | <input type="checkbox"/> 12 Pipe fitter              |
| <input type="checkbox"/> 13 Bookkeeping                 | <input type="checkbox"/> 14 Electronics              |
| <input type="checkbox"/> 15 Professional, Specify _____ | <input type="checkbox"/> 16 Other Specify _____      |

List Computer Programs Used \_\_\_\_\_

## WORK EXPERIENCE

Complete all present and past employment, beginning with your most recent position. If you are now unemployed, indicate that fact with dates in the space for "Present Position." If your duties changed materially while working for the same employer, use a separate block to describe each position. If there is not enough space on the page, attach a separate sheet.

1. Name and address of Present Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Name Of Supervisor: \_\_\_\_\_

Dates Employed: To \_\_\_\_\_ From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Starting Title \_\_\_\_\_ Present or Last Title \_\_\_\_\_

Brief Description of Duties:

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Did you supervise employees?  Yes If yes, what type of employees and how many? \_\_\_\_\_  
 No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2. Name and address of Present Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Name Of Supervisor: \_\_\_\_\_

Dates Employed: To \_\_\_\_\_ From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Starting Title \_\_\_\_\_ Present or Last Title \_\_\_\_\_

Brief Description of Duties:

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Did you supervise employees?  Yes If yes, what type of employees and how many? \_\_\_\_\_  
 No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3. Name and address of Present Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Name Of Supervisor: \_\_\_\_\_

Dates Employed: To \_\_\_\_\_ From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Starting Title \_\_\_\_\_ Present or Last Title \_\_\_\_\_

Brief Description of Duties:

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Did you supervise employees?  Yes If yes, what type of employees and how many? \_\_\_\_\_  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

4. Name and address of Present Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Name Of Supervisor: \_\_\_\_\_

Dates Employed: To \_\_\_\_\_ From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Starting Title \_\_\_\_\_ Present or Last Title \_\_\_\_\_

Brief Description of Duties:

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Did you supervise employees?  Yes If yes, what type of employees and how many? \_\_\_\_\_  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please list *three (3) persons* who have **SUPERVISED** your work and *two (2) other persons* who are **PERSONALLY ACQUAINTED** with you. Do not list relatives.

### 1.[Supervisory]

Name \_\_\_\_\_ Position \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

### 2.[Supervisory]

Name \_\_\_\_\_ Position \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

### 3. [Supervisory]

Name \_\_\_\_\_ Position \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

**4. [Personal]**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

**5. [Personal]**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

**EXPECTED SALARY:**

What starting salary would expect if employed by the School District? \_\_\_\_\_

The filing of applications does not in any manner entitle the applicant to an interview nor to a position on any waiting list. Applications are kept on file for a period not to exceed one [1] year. All positions will be filled through selection from all qualified applicants based solely on careful evaluation of qualifications as determined by the Marion Center Area School District as meeting its needs best.

This application will be considered when all letters of reference and up-to-date clearance forms have been received and recorded in the Personnel Office.

*The information on this application is accurate and subject to verification by the Marion Center Area School District. I understand the furnishing of any misleading or incorrect information will render the application void and be just cause for termination in the event of my employment. I hereby give permission to the District or its duly authorized representative(s) to contact any persons or organizations named in this application.*

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_  
Must be signed in ink

**FOR PERSONNEL DEPARTMENT USE ONLY**

Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

*Pennsylvania school districts 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.*