
**APPLICATION FOR EMPLOYMENT
NON-INSTRUCTIONAL APPLICATION**

Chestnut Ridge School District

3281 Valley Road
Fishertown, Pennsylvania 15539

Notice to applicants: Federal and state laws requires that all applications be considered without regard to race, color, sex, age or national origin. We believe in an fully support equal employment opportunity and will fulfill our obligation to the fullest.

_____ DATE

NAME: _____
Last First Middle

ADDRESS: _____
Street

_____ City State Zip Code

Home Phone: _____ Work Phone: _____ Social Security No.: _____

Date Available for Employment: _____ Resident of Pennsylvania since:(month/day/year)_____

Employment

√	Applying For	Full Time	Substitute	Full Time and Substitute
	Custodian			
	Food Service			
	Teacher Aide			
	Secretary			
	Other			

Please complete application and return to: Superintendent
Chestnut Ridge School District
3281 Valley Road
Fishertown, PA 15539

Education

Do you have a high school education? _____ Yes, _____ No. If no, how many years have you completed? _____

	School or Institution and Location	Degrees, Diplomas, Courses, Subjects	Graduated Yes/No
College			
Other			

WORK HISTORY

1. **Present or Last Employer** _____ Phone () _____

Address _____
Street City State Zip Code

Position Held _____ Salary _____

Nature of duties _____

Immediate Supervisor _____ Phone () _____

Employed from _____ to _____

2. **Previous Employer** _____ Phone () _____

Address _____
Street City State Zip Code

Position Held _____ Salary _____

Nature of duties _____

Immediate Supervisor _____ Phone () _____

Employed from _____ to _____

3. **Previous Employer** _____ Phone () _____

Address _____
Street City State Zip Code

Position Held _____ Salary _____

Nature of duties _____

Immediate Supervisor _____ Phone () _____

Employed from _____ to _____

4. Previous Employer _____ Phone (____) _____

Address _____
Street City State Zip Code

Position Held _____ Salary _____

Nature of duties _____

Immediate Supervisor _____ Phone (____) _____

Employed from _____ to _____

May we contact your present employer concerning your employment with them? Yes ___ No ___

May we contact you previous employer concerning your employment with them? Yes ___ No ___

If not, please indicate the number(s) of the one(s) which you do not want us to contact. _____

MISCELLANEOUS

1. Have you worked for us before? Yes ___ No ___

If yes, describe what position you held and your reason for leaving. _____

2. Do you have any relatives working in the department for which you are applying?

Yes ___ No ___

If yes, relative(s) names(s) _____

Relationship(s) _____

3. Are you available for substitute work? Yes ___ No ___

4. Would you have adequate transportation to work: Yes ___ No ___

5. Describe any experiences, skills, or qualifications (include military service) which you feel would especially qualify you for work in the District.

NOTE: A district test may be administered as a condition of employment.

To be completed by applicants for clerical positions

Can you type? Yes ___ No ___
Can you take shorthand? Yes ___ No ___ W.P.M. ___
Key punch training? Yes ___ No ___
Other business machines: Yes ___ No ___
Do you have computer skills? Microsoft Office: Access ___ Excel ___ Word ___
Power Point ___ Info Path ___ Publisher ___

To be completed by applicants for maintenance positions

Can you work evenings? Yes ___ No ___
Can you work weekends? Yes ___ No ___

****Please be advised that references from your former/current employers will be solicited, and the submission of your application will constitute authorization to do so.****

PERSONAL REFERENCES

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BUSINESS REFERENCES

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I hereby certify that the information supplied by me in response to questions posed on this application is true, complete and correct. I understand that false, incomplete or incorrect statements made on this application will be sufficient cause for rejecting my application, withdrawing an offer of employment, or dismissing me from employment with the District. I authorize the District to investigate my background to verify the information provided, and release from liability all persons and/or entities supplying information regarding my background. I further understand that I must provide the appropriate Act 34(Criminal History Record Information), Act 151(Child Abuse History), and Act 114(FBI Background Check) clearance records. The applicant **must** submit the original reports prior to employment.

Signature of Applicant _____

Application will be kept on file for 3 years.