

Brownsville Area School District
 5 Falcon Drive
 Brownsville, PA 15417
 724-785-2021

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Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

**APPLICATION FOR EMPLOYMENT (NON PROFESSIONAL)
 (APPLICATION WILL BE KEPT ON FILE FOR ONE (1) SCHOOL TERM)**

P E R S O N A L	Last Name First Middle			Date
	Street Address			Home Phone: ()
	City			Business Phone: ()
	Position Desired			Social Security No.
	Apart from absence for religious observance, are you available for full time work? Yes No			Pay expected.
	Are you legally eligible for employment in the United States? Yes No			When will you be available for work?
	Other special training or skills (languages, extra curricular sponsor or coaching experience:)			Would you like to be added to our substitute list? Yes No
	Can you operate a computer? Yes No If Yes, please list type of computer and programs you can operate.			

E D U C A T I O N	School	Name and Address of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	College					
	Secondary					
	Elementary					
	Other					

Membership in Professional or Civic Organizations: (Exclude those which may disclose your race, color, religion, national origin, age or disability)

PLEASE SUBMIT: A RESUME, A COPY OF A CURRENT ACT 34 REQUEST FOR CRIMINAL HISTORY INFORMATION, A COPY OF ACT 151 REQUEST FOR PENNSYLVANIA CHILD ABUSE HISTORY, *TWO (2) LETTERS OF REFERENCE AND/OR EVALUATIONS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

EMPLOYMENT

(Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)

1	Company Name	Telephone Number: ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving:

2	Company Name	Telephone Number: ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving:

3	Company Name	Telephone Number: ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving:

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 or professional development activities:

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact

Employer Number(s) _____
Reason: _____

Pennsylvania School Districts do 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, and the Americans with Disabilities Act of 1990.

ACT 34 COMPLIANCE (Background Check of Prospective Employees)

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. Each out-of-state applicant must submit with his/her application for employment a copy of a federal criminal record history from the Federal Bureau of Investigation. The criminal record history report 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)

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 clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If Yes, describe in full.

State names of relatives and friends working for us other than your spouse.

Please attach an essay in your own handwriting describing your greatest achievement to date. (Your essay may not exceed one page. At the bottom of the attachment, please print and sign your name and include your social security number.)

CERTIFICATION AND RELEASE AUTHORIZATION

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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 made in good faith. I further certify that I am the sole author of the essay. 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 offices of the BROWNSVILLE AREA 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 this 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 waive any rights which I may have under federal law related to my right to challenge the disclosure of unlawful or inaccurate information.

Date

Signature of Candidate (in ink) (must be original)

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Date	Person Contacted	Results

TEST

Results

Other Activities

Results

Experiences, Multiple Activities

Other

Results

Preference

Total Score = _____

Evaluator's Signature: _____

INTERVIEWER(S) NAME AND COMMENTS

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Interviewer(s): _____

Date Interviewed: _____

Results: Not Recommended _____
 Recommended _____
 Date Hired: _____