

Southern Tioga School District  
Boyanowski Administration Building  
241 Main Street, Blossburg, PA 16912-1155  
(570) 638-2183

## SUPPORT STAFF EMPLOYMENT APPLICATION FORM

Updated August 2007

DATE: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: ( ) Daytime Telephone: ( ) County \_\_\_\_\_

### EDUCATION:

	SCHOOL	ADDRESS	DATES ATTENDED	DEGREE/CERTIFICATE
Secondary				
College				
Other				

Are you over 18 years of age? \_\_\_\_yes \_\_\_\_no If not, employment is subject to verification of minimum legal age.

If you are presently employed, please state reason(s) a new position is being sought: \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Will you work overtime if asked? \_\_\_\_yes \_\_\_\_no

What is the minimum salary/wage that is acceptable to you? \_\_\_\_\_

**Special Training/Skills:** Summarize special job-related skills and qualifications acquired from employment or other experiences. Also state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills, or special training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** (include military service, if any)

COMPANY NAME	ADDRESS	TELEPHONE
_____	_____	_____
JOB TITLE	NAME OF SUPERVISOR	Employed from _____ to _____
_____	_____	_____
DESCRIBE YOUR RESPONSIBILITIES _____		
_____		
REASON FOR LEAVING: _____		

COMPANY NAME	ADDRESS	TELEPHONE
_____	_____	_____
JOB TITLE	NAME OF SUPERVISOR	Employed from _____ to _____
_____	_____	_____
DESCRIBE YOUR RESPONSIBILITIES _____		
_____		
REASON FOR LEAVING: _____		

COMPANY NAME	ADDRESS	TELEPHONE
_____	_____	_____
JOB TITLE	NAME OF SUPERVISOR	Employed from _____ to _____
_____	_____	_____
DESCRIBE YOUR RESPONSIBILITIES _____		
_____		
REASON FOR LEAVING: _____		

COMPANY NAME	ADDRESS	TELEPHONE
_____	_____	_____
JOB TITLE	NAME OF SUPERVISOR	Employed from _____ to _____
_____	_____	_____
DESCRIBE YOUR RESPONSIBILITIES _____		
_____		
REASON FOR LEAVING: _____		

We may contact your former employers unless you specifically request in writing to not contact a former employer.

**REFERENCES:**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO YOU

**GENERAL BACKGROUND INFORMATION**

You must give complete answers to all questions. If you answer "Yes" to any question, you must list **all** offenses, and for each conviction provide the date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is **not** a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

**Criminal Offense** includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

**Conviction** is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: **minor** traffic violations, offenses committed before your 18<sup>th</sup> birthday which were adjudicated in a juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? .....  Yes  No

Are you currently under charges for a criminal offense?.....  Yes  No

Have you ever forfeited bond or collateral in connection with a criminal offense?.....  Yes  No

Within the last ten (10) years, have you been fired from any job for any reason?.....  Yes  No

Within the last ten (10) years, have you quit a job after being notified that you would be fired? .....  Yes  No

Are you subject to any visa or immigration status, which would prevent lawful employment? .....  Yes  No

**NOTE:** If you answered "yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet and include your social security number.

**APPLICANT SIGNATURE:**

The information provided on this application and accompanying information is true and complete to the best of my knowledge and I agree that falsified information or omissions may disqualify me from employment and may be justification for dismissal if discovered at a later date.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE