

NESHANNOCK TOWNSHIP SCHOOL DISTRICT

3834 Mitchell Road
New Castle, PA 16105
(724) 658-4793

CLASSIFIED EMPLOYMENT APPLICATION

TO THE APPLICANT: This application will be placed on file for consideration when vacancies arise. Your application will be reviewed when and if there is an opening for which you are qualified. (PLEASE TYPE OR PRINT)

Date:	Social Security No.	E-Mail Address:
Last Name:	First Name:	Middle Name:

PRESENT ADDRESS:

Number/Street _____ Phone: () _____

City _____ State _____ Zip _____

Are you a U.S. citizen? Y N Have you resided in PA for the last 5 years? Y N

Age (if under 18): _____

List any criminal convictions (other than misdemeanors): _____

Position(s) applied for:

- Bus Driver Custodial/Maintenance Para-Professional Secretarial
 Full-time Part-time Playground Supervisor Security

Would you be interested in being placed on our substitute list? Y N

Education & Professional Training

An Equal Opportunity Employer Employment Record

List below your last three employers:

Name and Address from to List Position Held, Annual Reason
Of Employer M o/Yr M o/Yr Work Performed Salary Leaving Name of Supervisor

- 1.
- 2.
- 3.

References

List a minimum of three (3). Not former employers or relatives.

Name — Company - Position Address: Street & City Telephone

- 1.
- 2.
- 3.

May we contact the above listed references? Yes No

Personal

Person to be notified in the event that you are involved in an emergency:

Name: Relationship: _____
Home Phone: (_____) Work Phone: (_____)
Cell Phone: (_____)

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any falsification of this record will be sufficient cause for disqualification and, if employed, discharge.

Furthermore, it is understood that this application becomes the property of the Board of Education, which reserves the right to accept or reject it. I authorize the verification of all references and information contained in this application and regards this information as confidential, not to be revealed to me.

Signature of Applicant

Date

This application is filed for a period not to exceed six months.