

# APPLICATION FOR EMPLOYMENT

## Schuylkill Haven Area School District

District Office  
501 East Main Street  
Schuylkill Haven, PA 17972

Phone: 570-385-6705

We consider applicants for all positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us?

Advertisement   
  Friend   
  Website   
  Relative   
  Other \_\_\_\_\_

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Valid Driver's License Number	Social Security Number XXX-XX-____	

Best time to contact you at home: Please list experiences and qualifications: _____ _____ _____ _____ _____ _____ Have you worked with us before? If yes, dates _____ Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location _____ Are you currently employed? May we contact your present employer? Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i> Date available for work _____ What is your desired salary range? _____ Are you available to work: <input type="checkbox"/> Full Time (Please indicate 1 2 3 shift) <input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (Please indicate dates available ___/___ - ___/___) Can you drive if a job requires it?	_____ : _____ AM PM  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer _____ Address _____ Telephone Number(s) _____ Start/Present Job Title _____ Supervisor _____ Reason for Leaving _____	<b>Dates Employed</b> <table border="1"> <tr> <th>From</th> <th>To</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <b>Hourly Rate/Salary</b> <table border="1"> <tr> <th>Starting</th> <th>Final</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	From	To			Starting	Final			<b>Work Performed</b> _____ _____ _____ _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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From	To									
Starting	Final									

Comments: Include explanation of any gaps in employment.

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State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arrive at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

<hr style="width: 80%; margin: 0 auto;"/> Signature of Applicant	<hr style="width: 80%; margin: 0 auto;"/> Date
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