

TODAY'S DATE: _____

BERWICK AREA SCHOOL DISTRICT
 500 Line Street
 Berwick, PA 18603
SUPPORT STAFF APPLICATION
An Equal Opportunity Employer



Personal Information

Name		Social Security #			
Street Address		City	State	Zip Code	
Home Phone		Cell Phone			
Email Address					

Position Applying For

Secretary
 Custodian
 Maintenance
 Paraprofessional (Aide & Instructional Assistant to Special Education)
 Health Tech
 Lifeguard
 Summer Maintenance
 Coach

Desired Status:
 Full Time
 Part Time
 Day-to-Day Substitute

Educational Background

<u>Type of School</u>	<u>Name of School</u>	<u>Location</u> <small>(Complete Mailing Address)</small>	<u>No. of Years Completed</u>	<u>Major & Degree</u>
High School/GED				
College/University				
Other (Business, Vocational, Military)				

Are you currently licensed, registered or certified for a profession/trade in any state? Yes No
If yes please complete:

Profession/Trade		State Issued	
License No.		Date Issued	Exp. Date

Employment History Please list all periods of employment with most recent employer first. Failure to account for all time may lead to disqualification or dismissal.

Present Employer			Position	
Address				
Supervisor			Phone No.	
Reason for Leaving				
Dates of Employment		<i>From</i>		<i>To</i>

Employment History (Ctd.)

Former Employer		Position	
Address			
Supervisor		Phone No.	
Reason for Leaving			
Dates of Employment		<i>From</i>	<i>To</i>

Former Employer		Position	
Address			
Supervisor		Phone No.	
Reason for Leaving			
Dates of Employment		<i>From</i>	<i>To</i>

Former Employer		Position	
Address			
Supervisor		Phone No.	
Reason for Leaving			
Dates of Employment		<i>From</i>	<i>To</i>

Briefly state why you are interested in working in the Berwick Area School District and what you can contribute to the Berwick Area School District.

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Special Skills (indicate special job-related skills & qualifications relevant to the position for which you are applying.)

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References – Work Related (indicate work related references including those who have supervised your work.)

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

I authorize and release Berwick Area School District to contact the above references and discuss with them my background and qualification for the position I seek. Yes No

References – Personal					
Name		Address		Telephone	
I authorize and release Berwick Area School District to contact the above references and discuss with them my background and qualification for the position I seek. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Information					
Have you, at any time, been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain: (An affirmative response will not necessarily be a bar to employment. Factors such as age, elapsed time, seriousness, nature and rehabilitation will be taken into account.)</i>					
Are you a U.S. citizen or an alien lawfully authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>All new employees will be required to complete the U. S. Immigration and Naturalization Service Form I-9 and produce proof of citizenship or identity and work authorization.</small>					
Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please use the checklist here to verify all items have been included with your application.					
<input type="checkbox"/> Act 24	<input type="checkbox"/> Act 34	<input type="checkbox"/> Act 114	<input type="checkbox"/> Act 126 <small>(if applicable)</small>	<input type="checkbox"/> Act 151	<input type="checkbox"/> Act 168
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Resume	<input type="checkbox"/> Copy of High School Diploma/GED (required for paraprofessional)		<input type="checkbox"/> Other	<input type="checkbox"/> Other

My signature below certifies that to the best of my knowledge, all information provided herein is complete and true. I understand that any misrepresentation of information shall be sufficient cause for rejecting my candidacy, withdrawing any job offer, or terminating my employment. I further authorize the Berwick Area School District to investigate my background to verify the information provided, and release from all claims, causes of action, and liability all person and/or corporations supplying or receiving information concerning my background.

Signature: _____ Date: _____

The Berwick Area School District will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sex, age, religion, handicap, or any other legally protected classification. Announcement of this policy is in accordance with the state and federal laws, including Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973. Employees and participants who have an inquiry or complaint of harassment or discriminations or who need information about accommodations for handicapped persons, should contact Robert Croop, Title IX Coordinator or Wendy Kupsky, Section 504 Compliance Officer, Berwick Area School District, 500 Line Street, Berwick, PA 18603 (570) 759-6400.

Please return application and all enclosures to: Superintendent’s Office, Berwick Area School District, 500 Line Street, Berwick, PA 18603. Applications will be retained for a period of one (1) year from date of application.