

TUNKHANNOCK AREA SCHOOL DISTRICT
Office of Educational Support Personnel
APPLICATION for EDUCATIONAL SUPPORT EMPLOYEES

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

POSITION APPLYING FOR: _____

FULL TIME: _____ PART TIME: _____ BUILDING(S) APPLIED FOR: _____

HIGH SCHOOL ATTENDED AND ADDRESS: _____

DID YOU GRADUATE? (circle one) YES NO GED

DID YOU ATTEND COLLEGE OR OTHER SPECIALIZED TRAINING? (INCLUDE NAME AND ADDRESS OF
INSTITUTION) : _____

DID YOU GRADUATE? _____ MAJOR/MINOR _____ DEGREE OR CERTIFICATE _____

TRAINING SEMINARS ATTENDED WITHIN THE PAST TWO(2) YEARS _____

IMPORTANT NOTE: The applicant should exercise the greatest care in completing this application. Information given herein becomes a legal part of the contract in case of appointment. Please do not omit any item. **ALSO please understand that your application packet we have on file for you must include the following information: APPLICATION, COPIES OF ALL CLEARANCES (ACT 34 CRIMINAL CHECK, ACT 151 CHILD ABUSE, ACT 114 FBI FINGERPRINT) TB TEST. THESE CLEARANCES MUST BE IN PLACE BEFORE APPLICANT IS APPROVED BY THE TUNKHANNOCK AREA BOARD OF EDUCATION.**

The Tunkhannock Area School District is committed to assuring equal opportunity to all persons regardless of race, color, religion, nation origin, ancestry, age, sex or handicap in its activities programs and employment practices as required by title VI, Title IX or Section 504. For further information contact: The Superintendent of Schools, 41 Philadelphia Avenue, Tunkhannock PA 18657

(PLEASE COMPLETE THE REVERSE SIDE OF APPLICATION)

WORK EXPERIENCE:**Present Employer**

Name and Address of Current Employer & Type of Business:	From: Month: Year:	To: Month: Year:	Describe the position you held:	Weekly Salary	Reason for Leaving
TELEPHONE:			SUPERVISOR:		

Previous Employer

Name and Address of Previous Employer & Type of Business:	From: Month: Year:	To: Month: Year:	Describe the position you held:	Weekly Salary	Reason for Leaving
TELEPHONE:			SUPERVISOR:		

Previous Employer

Name and Address of Previous Employer & Type of Business:	From: Month: Year:	To: Month: Year:	Describe the position you held:	Weekly Salary	Reason for Leaving
TELEPHONE:			SUPERVISOR:		

May we contact the employers listed above? _____ If not, indicate which one(s) you do not want us to contact:

REFERENCES: (PLEASE LIST AT LEAST FIVE)

Name	Relationship to Applicant	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we contact the references listed above? _____

PLEASE SIGN AND DATE APPLICATION AND THAT YOU UNDERSTAND ALL THE INFORMATION REQUESTED

(SIGNATURE) (DATE)

Date of Interview: _____ Initials: _____