	APPLICATION FOR CLASSIFIED EMPLOYMENT		
I am applying fo	or: Part-time work Substitute work		
I am interested	in the following type of work:		
Clerical	Teacher Aide Food Service	Custoo	dian
Name:			
Address:			
City/State/Zip:			
Phone #:	Email address:		
Are you a citizer	n of the United States? Yes No If no, are you authorized to work in the U.S? Yes	No	
	peen convicted of a criminal offense (other than a Summary Offense)?	Yes	No
Do you hold a ci	urrent, valid U.S. Driver's License? (Not required for all positions)	Yes	No

Do you hold a current, valid U.S. Driver's License? (Not required for all positions) Yes____

EDUCATION

	School Name	State	Yrs Completed or Degree Earned	Did You Graduate?
High School				
College				
Other				

EXPERIENCE

List each job held, starting with your present or last job. Include military service assignments. Be specific with dates and addresses. You must identify prior employers during the preceding two (2) years.

Employer		Dates Employed		Work Performed
		From	То	
Address				
Phone #		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			Reason for Leaving

Employer		Dates Employed		Work Performed
		From	То	
Address				
Phone #		Hourly Rate/Salary		-
		Starting	Ending	
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed		Work Performed
		From	То	
Address				
Phone #		Hourly Rate/Salary		-
		Starting	Ending	
Job Title	Supervisor			Reason for Leaving

REFERENCES

Please list the name, address, and phone number of three persons, not relatives, who can tell us about your background.

Name	Address	Phone #	Relationship

OTHER QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences which you feel relate to the position for which you are applying:

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of the South Williamsport Area School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history.

Signature of Applicant:

Date:

Please return completed application to: South Williamsport Area School District, Attn: Human Resources, 515 West Central Avenue, South Williamsport, PA 17702

NON DISCRIMINATION POLICY

The South Williamsport Area School District is an Equal Opportunity Employer and will not discriminate on the basis of race, color, national origin, sex, and handicap in its activities, programs, or employment practices as required by Title VI of the Civil Rights Act of 1964, Title IX Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. For information regarding civil rights, grievance procedures, or services, activities, and facilities that are accessible to and usable by handicapped individuals, contact the Superintendent of the South Williamsport Area School District, 515 West Central Avenue, South Williamsport, PA 17702.