

**APPLICATION FOR EMPLOYMENT
DONEGAL SCHOOL DISTRICT**

1051 Koser Road
Mount Joy, PA 17552
(717) 653-1447
(717) 492-1350 fax



Name _____
First
Middle
Last

Address _____ Home Phone # _____

Cell Phone # _____

e-mail address _____

Position(s) for which you are applying: _____

Substitute: Are you interested in working as a substitute? (Will be called as needed.)

Areas of Interest:

- | | |
|---|---|
| <input type="checkbox"/> Cafeteria Monitor | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Health Room (must be an LPN) |
| <input type="checkbox"/> Office Assistant/Secretary | <input type="checkbox"/> Teacher Assistant |

Education

	High School	Post High School	College/University
School Name			
Years Completed			
Diploma/Degree(s)			
Describe Course of Study or Major/Minor			

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

_____	_____
_____	_____
_____	_____
_____	_____

Activities (Indicate your participation and any leadership positions held.)

_____	_____
_____	_____
_____	_____

General Information

- 1) Reason for interest in obtaining a position in our school district. _____

- 2) May we contact your present employer at this time? _____ yes _____ no
If yes, please provide name and phone number _____

- 3) When will you be available for placement? _____
- 4) Were you ever discharged or asked to resign from a position? _____ yes _____ no
- 5) If yes, explain (attach a separate sheet if necessary) _____

Employment

(Please list work experiences, beginning with most recent.)

Employer Name:	Telephone: ()	Dates Employed From: To:	Work Performed:
Address:		Hourly Rate/Salary:	Starting:
Job Title:			Final:
Supervisor:		Reason for Leaving:	
Employer Name:	Telephone: ()	Dates Employed From: To:	Work Performed:
Address:		Hourly Rate/Salary:	Starting:
Job Title:			Final:
Supervisor:		Reason for Leaving:	
Employer Name:	Telephone: ()	Dates Employed From: To:	Work Performed:
Address:		Hourly Rate/Salary:	Starting:
Job Title:			Final:
Supervisor:		Reason for Leaving:	

References

(List at least three references including persons under whom you have worked who have first-hand knowledge of your experience.)

Name	Position/Organization	Address/Telephone

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

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 Donegal School District.

Signature of Applicant

Date

Donegal School District is committed to the policy that all persons shall have equal access to programs, admission, and employment without regard to race, religion, sex, national origin, handicap, age, or status as a disabled or Vietnam-era veteran. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and the Americans for Disabilities Act of 1990.