



TITUSVILLE AREA SCHOOL DISTRICT
 301 East Spruce Street
 Titusville, PA 16354
 Phone: 814-827-2715 Fax: 814-827-7761

EMPLOYMENT APPLICATION

(ALL POSITIONS)

EQUAL OPPORTUNITY EMPLOYER

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Complete all information within this application in its entirety even if you have attached/submitted a resume. Resumes are not a substitute for completed applications.
- Type or print in ink.
- Specify the position(s) for which you are applying.
- Sign and date Certification and Release Authorization section of application.
- Submit application to: T ASD Personnel Office; 301 E. Spruce St.
- Applications/resumes are kept on file for (2) two years only.
- Applicants are responsible for providing copies of Act 34, Act 114 and Act 151 clearances as well as Act 126 Mandated Reporter Training upon hiring (must be within past 60 months).

FOR OFFICIAL USE ONLY

DATE	TASD AUTHORIZED SIGNATURE
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POSITION APPLIED FOR

Date: _____

Position(s) Applied for: _____

Desired Salary/Hourly Rate: _____

WORK PREFERENCE

Date Available for Work: _____

Type of employment desired: Full-time Part-time

Will you work overtime (more than 40 hours a week) if required? YES NO

CONTACT INFORMATION:

Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Other names you have worked under: _____ Social Security #: _____

Mailing Address: _____
STREET CITY STATE ZIP CODE

Telephone Number: _____ Cell Phone Number: _____

E-mail Address: _____

If necessary, best time to call you at home: ____:____ AM ____:____ PM

May we contact you at work? YES NO

If yes, work number and best time to call: (____) _____ ____:____ AM ____:____ PM

Have you previously applied for employment with this Titusville Area School District? YES NO

If yes, when, where and for what position did you apply? _____

Have you ever been employed by Titusville Area School District? YES NO If yes, provide dates of employment, location and reason for separation from employment. _____

Are you legally eligible for employment in this country? YES NO

Have you ever been convicted of a crime? YES NO

If yes, please provide date(s) and details on separate sheet of paper:

Answering "yes" to this question does not constitute an automatic restriction in regard to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

EDUCATION

HIGH SCHOOL

Name of School: _____ Grade Completed: _____

Address: _____

_____ GED YES NO

COLLEGE, UNIVERSITIES OR PROFESSIONAL SCHOOL (TRANSCRIPTS MAY BE REQUESTED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		MAJOR/MINOR COURSE OF STUDY	CREDIT EARNED	DEGREE EARNED
		FROM	TO			

OTHER JOB-RELATED TRAINING OR COURSE WORK (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		COURSE OF STUDY	CREDIT EARNED	DEGREE EARNED
		FROM	TO			

CERTIFICATES/LICENSES EARNED

CERTIFICATE OR LICENSE TITLE	DATE ISSUED	STATE ISSUED	EXPIRATION DATE

Your name if different, while attending school: _____

TYPES OF OFFICE EQUIPMENT YOU CAN OPERATE			

TYPES OF SHOP EQUIPMENT YOU CAN OPERATE (HEAVY/LIGHT EQUIPMENT, POWER TOOLS, HAND TOOLS, ETC)

RATE YOUR PROFICIENCY WITH THE FOLLOWING APPLICATIONS				
WORD	NONE	BEGINNER	ADVANCED	
EXCEL	NONE	BEGINNER	ADVANCED	
PUBLISHER	NONE	BEGINNER	ADVANCED	
POWER POINT	NONE	BEGINNER	ADVANCED	

LIST OTHER COMPUTER SOFTWARE/PROGRAMS

PROVIDE THE FOLLOWING INFORMATION OF YOUR PAST AND CURRENT EMPLOYERS STARTING WITH THE MOST RECENT.

EMPLOYMENT HISTORY					
EMPLOYER ()	TELEPHONE #		DATES EMPLOYED		DUTIES AND RESPONSIBILITIES
			FROM	TO	
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE			HOURLY RATES/SALARY		
IMMEDIATE SUPERVISOR AND TITLE			STARTING		
REASON FOR LEAVING			\$	PER	
MAY WE CONTACT FOR REFERENCE			HOURLY RATES/SALARY		
<input type="checkbox"/> YES <input type="checkbox"/> NO			FINAL		
			\$	PER	

EMPLOYMENT HISTORY					
EMPLOYER ()	TELEPHONE #		DATES EMPLOYED		DUTIES AND RESPONSIBILITIES
			FROM	TO	
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE			HOURLY RATES/SALARY		
IMMEDIATE SUPERVISOR AND TITLE			STARTING		
REASON FOR LEAVING			\$	PER	
MAY WE CONTACT FOR REFERENCE			HOURLY RATES/SALARY		
<input type="checkbox"/> YES <input type="checkbox"/> NO			FINAL		
			\$	PER	

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EMPLOYER ()	TELEPHONE #	DATES EMPLOYED		DUTIES AND RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	

EMPLOYMENT HISTORY

EMPLOYER ()	TELEPHONE #	DATES EMPLOYED		DUTIES AND RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	

PLEASE EXPLAIN FULLY ALL GAPS IN YOUR EMPLOYMENT HISTORY IN EXCESS OF ONE MONTH.

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO

HAS YOUR EMPLOYMENT EVER BEEN TERMINATED BY MUTUAL AGREEMENT? YES NO

HAVE YOU EVER BEEN GIVEN THE CHOICE TO RESIGN RATHER THAN BE TERMINATED? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE THREE QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES OF EACH OCCASION.

REFERENCES

REFERENCES SHOULD INCLUDE AT LEAST TWO PERSONS WHO HAVE SUPERVISED YOUR WORK, AS WELL AS TWO OTHERS WITH WHOM YOU ARE PERSONALLY ACQUAINTED. INDIVIDUALS WITH NO PRIOR WORK EXPERIENCE MAY LIST SCHOOL OR VOLUNTEER RELATED REFERENCES.

NAME	COMPANY	POSITION	WORK RELATIONSHIP (i.e., SUPERVISOR, CO-WORKER)	TELEPHONE	NUMBER OF YEARS KNOWN

CERTIFICATION AND RELEASE AUTHORIZATION

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 understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Titusville School Board and until such approval that the Titusville Area School District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all former employers and references named in this application, or any agent of such a former employer, to release to Titusville Area School District and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and other employment or related information, both public and private, in their possession.

I understand that Titusville Area School District will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires two years from the date below. I hereby release Titusville Area School District and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date: _____

Signature: _____

Print Name: _____