

Application for Employment
Ferndale Area School District
 100 Dartmouth Avenue
 Johnstown, PA 15905
 814-535-1507

It is the policy of the Ferndale Area School District not to discriminate in employment or program services for reasons of race, color, sex age, religion, national origin, or handicapping condition.

PERSONAL DATA

Name: _____
Last
First
Middle

Present Address: _____ City: _____ State: _____ Zip: _____

Social Security: _____ Phone #: _____ Work Phone #: _____

Email Address: _____ Cell Phone #: _____

Date Available for Employment: _____ Resident of PA Since: _____

EDUCATION

	School or Institution And Location	Degrees, Diplomas, Certificates Courses, Subjects	Graduated (Yes or No)
High School			
Trade School/ College			
Other			

EMPLOYMENT

√	Applying For	Full-Time	Part-Time	Substitute	Summer Only
	Cafeteria				
	Custodial				
	Cleaner				
	Personal Care Aide				
	Paraprofessional (Teacher's Aide)				
	Secretarial				
	Coach or Advisor – please specify sport or activity:				
	Volunteer Coach – please specify sport or activity:				
	Other – please specify:				

CLEARANCES – Submit this application to the above address with copies of the clearances listed here.

	Act 34 – PA State Police Criminal History Background Check	Date: _____
	Act 151 – Child Abuse Clearance	Date: _____
	Act 114 – FBI Fingerprint Clearances – Registration # _____	Date: _____
	PDE 6004 – Arrest/Conviction Report and Certification Form	Date: _____
	Act 168 – Sexual Misconduct Disclosure Release	

Please list any skills such as computer application knowledge, electrical or mechanical knowledge, coaching or playing experiences, etc., which might have a direct bearing on the job for which you are applying:

Have you even been employed by Ferndale Area School District: Yes No

If yes, describe the position you held, years employed, and your reason for leaving: _____

Note: A district test may be administered as a condition of employment.

Please be advised that references from your former/current employers will be solicited, and the submission of your application will constitute authorization to do so.

PERSONAL DATA

Name & Address of Employer	Dates Employed	Position	Contact Person
Current: _____ _____			Name: _____ Phone: _____
Prior: _____ _____			Name: _____ Phone: _____
Prior: _____ _____			Name: _____ Phone: _____

PERSONAL REFERENCES

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The information I have provided on this application is true and complete to the best of my knowledge and any falsified information may be justification for my dismissal if discovered at a later date. I understand that a district test/assessment may be administered as condition of employment.

Initial: _____

Applicant's Signature: _____ Date: _____