

MILLVILLE AREA SCHOOL DISTRICT  
PO BOX 260  
MILLVILLE, PA 17846  
570-458-5538

**APPLICATION FOR NON-CERTIFIED POSITION**

Note: If applicant needs assistance completing the application, the District will provide assistance.

**POSITION(S) DESIRED:** List, in order of preference the positions for which you are applying:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street Telephone  
\_\_\_\_\_ City State Zip

Email Address: \_\_\_\_\_

**EDUCATION**

Name & Address	From	To	Degree	Major
High School _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tech School _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
or College _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**MILITARY EXPERIENCE** (If Applicable)

Branch of Military: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Describe Your Duties:

Would you like to be placed on the substitute list?  Yes  No

**SUNDRY INFORMATION**

1. What salary or hourly wage would you expect? \_\_\_\_\_
  2. When will you be available for employment? \_\_\_\_\_
  3. Are you presently under contract?  Yes  No      Can you be released from contract?  Yes  No
  4. Why do you wish to leave your present position? \_\_\_\_\_
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**WORK EXPERIENCE**

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
State job titles and describe your work:

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Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
State job titles and describe your work:

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Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
State job titles and describe your work:

