

NORTHERN YORK COUNTY SCHOOL DISTRICT
149 S. BALTIMORE STREET
DILLSBURG, PA 17019
717-432-8691 Ext.1104

SUPPORT STAFF APPLICATION

(Please Print) Date:_____ Email Address:_____

What Position are you applying for? _____

Name _____
(last) (first) (middle initial)

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Social Security: _____

Do you have the legal right to live and work in the United States? Yes____ No____

Have you ever been convicted of a misdemeanor and/or a Felony? Yes ____ No____

If Yes, What and Explain _____

Do you have a valid Pennsylvania Driver's License? Yes ____ No____

Date available for Position? _____

Are you currently employed? _____

If so, where? _____

Why are you applying for a position with the school district? _____

EDUCATION

SCHOOL

CITY

DATES ATTENDED

Elementary _____

High School _____

Education after School _____

Number of years completed _____

Degree Received _____

WORK EXPERIENCE

COMPANY

POSITION

SUPERVISOR

YEARS WORKED

1. _____

2. _____

3. _____

REFERENCES (Do not use relatives)

NAME

ADDRESS

PHONE

1. _____

2. _____

3. _____

Please list any other information that in your opinion would be helpful in considering your application

Applicant's Signature _____