## Parkland School District 1210 Springhouse Road Allentown, PA 18104 <u>APPLICATION for EMPLOYMENT</u>

Status desired:		
	Full-time	
	Part-time	
	Substitute	

## **FOOD SERVICES**

Name						Da	te:			
(La	st)		(First)	(Mi	ddle)	_				
Address										
		(	Street)		(City, S	State, Zip C	ode)			
Telephone										
Are you eighteer	ı years	of age of	or older?Y	esNo						
E-Mail Address										
1. Educational	Back	ground								
			Name and Loc	eation	Course	e of Study		Years mpleted	Dip	oloma/Degree
High School (Optional)								1		
College or University										
Other (Trade of business school military, etc.)										
2. Work Exper You may exclude protected status	le nami		vious employment, vizations which ind							
Employment Dates	Pos	ition/ Title		/Address/Phone f Employer		Supervis	or	Salary Receive		Reason for Leaving
From:										
To: From:										
To:										
From:										
То:										
From:										
To										

	ed of a felony, a misdemeanor, or a motor code viola, please explain:	tion?
	n will not necessarily disqualify an applicant for emplawfully authorized to work in the U. S.?	· 🖂
<ul><li>5. Are you an U. S. Veteran? Ye</li><li>6. Special Skills (Please indicate special)</li></ul>	esNo l job-related skills and qualifications for the position(s) yo	ou are applying.)
7. References – work related. ( <i>Please in</i> Name	dicate work related references including those who have s	supervised your work) Telephone
		1
<b></b> _ <b></b> _	release Parkland School District to contact the above background and qualifications for the sought position	
application, for EMPLOYMENT and	Police Criminal Background Check)	one year of this
<ul> <li>ACT 151 Clearance (PA Child</li> </ul>	Abuse History Clearance)	
<ul> <li>ACT 24/82 (Arrest/Conviction</li> </ul>	Form)	
If a conditional offer of employment i	s granted, you will be required to submit the follo	wing:
· · · · · ·	e year) including the results of a TB test (completed within the	,
<u> </u>	n Service I-9 Form and produce proof of citizenship or ident use Form (if applicable).	ity and work authorization.

My signature below certifies that to the best of my knowledge, all information provided herein is complete and true. I understand that any misrepresentation of information shall be sufficient cause for rejecting my candidacy, withdrawing any job offer, or terminating my employment.

I further authorize Parkland School District to investigate my background to verify the information provided, and release from all claims, causes of action, and liability all person and/or corporations supplying or receiving information concerning my background.

Signature	Date

In accordance with Title V1, Title IX, Section 504 and the Americans with Disabilities Act, the Parkland School District does not discriminate either in the educational or vocational programs and activities which it operates or in the employment of personnel, on the basis of sex, handicap, disability, race, color, national origin, age, or religion.

If you are physically or mentally disabled, or visually or hearing impaired, you may qualify for special services/instruction/equipment modifications so you can successfully complete the educational program or participate in activities.

All inquiries concerning this policy/questions regarding specific programs, services, and facilities for the handicapped should be directed to the district equal rights officer, Assistant Superintendent, Parkland School District, 1210 Springhouse Road, Allentown, PA, at 610-351-5505.

Note: If you need assistance to complete this application, please contact the Food Services Department at (610) 351-5670.

Return application to: Parkland School District

Troxell Building / Food Services 2219 N. Cedar Crest Boulevard

Allentown PA 18104

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER