

BURGETTSTOWN AREA SCHOOL DISTRICT
100 Bavington Road, Burgettstown, PA 15021-2730
Admin: (724) 947-8136 - HS: (724) 947-8100 - Elem: (724) 947-8150
Admin Fax: (724) 947-8143 - HS Fax: (724) 947-3325

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____
Street City State Zip Code

TELEPHONE _____ US CITIZEN Yes ___ No ___

OVER 21 YEARS OF AGE Yes ___ No ___ PA DRIVER LICENSE _____

EDUCATION: Indicate schools attended.

SCHOOLS _____ From _____ To _____

_____ From _____ To _____

Did you receive a High School Diploma? Yes ___ No ___

COLLEGE, BUSINESS, TRADE SCHOOL _____

Major _____ Certification _____

EMPLOYMENT HISTORY: List all employment beginning with the most recent and working back. Attach additional sheet if necessary. Must list all driving positions you have held in the last 10 years. Use additional sheet if necessary.

EMPLOYER _____ From _____ To _____

Address _____

Position _____ Reason for leaving _____

EMPLOYER _____ From _____ To _____

Address _____

Position _____ Reason for leaving _____

EMPLOYER _____ From _____ To _____

Address _____

Position _____ Reason for leaving _____

REFERENCES:

	Name & Occupation	Address	Phone No.
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

Have you ever been convicted of any motor vehicle violations? Yes_____ No_____

Nature of Violation	Date
_____	_____
_____	_____
_____	_____

Have you ever had your driver's license suspended? Yes_____ No_____

If yes, give dates: From:_____ To:_____

Reason for Suspension: _____

Your signature provides authorization to conduct a background investigation and a reference check of prior employers. Falsification of this application may result in refusal to consider the applicant for employment or immediate discharge if already employed.

Date

Applicant's Signature