Minersville Area School District

40 HIGH SCHOOL LANE
POTTSVILLE, PA 17901

(570) 544-1400

EMPLOYMENT APPLICATION

(PLEASE PRINT)

Date of Application_____

_____

Last Name First Name Middle Name

_____

Street City State Zip Code

_____ _____

Phone Number Social Security Number

Position Applying For _____

Available Start Date:_____ Email:_____

EDUCATION

School	Name and Location	Years Completed	Field of Study	Diploma/Degree
High School				
College or University				
Specialized Training, Trade School, etc.				
Other Education				

WORK EXPERIENCE

Employer:	Job Title:
Address:	Dates of Employment: From: To:
Reason for Leaving:	Last Hourly Rate/Salary: $
Brief Description of Duties:	

Employer:	Job Title:
Address:	Dates of Employment: From: To:
Reason for Leaving:	Last Hourly Rate/Salary: $
Brief Description of Duties:	

SKILLS

List all experiences, skills or abilities which you feel qualify you to work in the position for which you have applied.

REFERENCES

Name:	Telephone #:
Address:	Number of Years Known:
Occupation/Official Title:	

Name:	Telephone #:
Address:	Number of Years Known:
Occupation/Official Title:	

Name:	Telephone #:
Address:	Number of Years Known:
Occupation/Official Title:	

AUTHORIZATION

I hereby authorize the Minersville Area School District, its agents and employees, to perform a thorough investigation of my past employment, education, criminal history, motor vehicle driving record, and any other information which may be relevant to school district employment. I also authorize the release of information requested by the Minersville Area School District from any persons or organizations who may have such information related to the above items, and release such persons or organizations from any claim or liability resulting from the provision of such information to the Minersville Area School District. A copy of this paragraph, exhibiting my signature or a copy thereof, shall be sufficient authorization for the release of such information, if a written release is required by any provider.

I agree to indemnify and hold the Minersville Area School District harmless from any claim or liability which may be asserted against or imposed upon the Minersville Area School District, as a result of the investigation conducted pursuant to this employment application. I understand that all school district employees must submit Act 34, Act 151, and Act 114 background checks (dated within one year of submission) and undergo a TB test and physical examination prior to the commencement of employment.

I understand that any false, misleading or incorrect answer or statement made by me in this application shall be considered sufficient cause for denial of employment or, if employed, may be cause for my termination. I further understand that this is an employment application and is not a contract of employment.

SIGNATURE **DATE**

The Minersville Area School District does not discriminate on the basis of race, color, national origin, sex, age, marital status or disability in its employment policies, practices and procedures.

AN EQUAL OPPORTUNITY EMPLOYER