

CARLYNTON SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT
435 Kings Highway, Carnegie, PA 15106
412-429-8400

(An Equal Opportunity Employer)

APPLICATION FOR CLASSIFIED EMPLOYEES

(Please COMPLETE DIGITALLY or PRINT in INK)

Name _____
Last Maiden First Middle

Email Address _____

Social Security # _____ - _____ - _____

PRESENT ADDRESS:

Street _____

City _____ State _____ Zip _____

Phone (_____) _____

PERMANENT ADDRESS:

Street _____

City _____ State _____ Zip _____

Phone (_____) _____

PREFERRED ASSIGNMENT: *(Check all that would be of interest)*

- Secretary Teacher Aide/Paraprofessional Lunchroom/Playground Aide
 Custodian Maintenance Worker Cafeteria Worker

Other, Please specify: _____

Date available for assignment: _____

Type of assignment: Full time work Day-to-Day Substitute

EDUCATIONAL BACKGROUND

	Name of School	City/State	Grad. Date	Course of Study Major/Degree
Elementary				
High School				
College				
Business				
Trade School				

EMPLOYMENT RECORD: *(Current or most recent first)*

Name of Employer _____ Address _____

Phone _____ Dates of Employment _____ Position /Title _____

State briefly your reason for leaving _____

Name of Employer _____ Address _____

Phone _____ Dates of Employment _____ Position /Title _____

State briefly your reason for leaving _____

Name of Employer _____ Address _____

Phone _____ Dates of Employment _____ Position /Title _____

State briefly your reason for leaving _____

APPLICATION DATA: *(Please limit responses to the space provided for each question)*

1. If applying for a secretarial position, please answer the following questions:

a. Typing ability/words per minute? _____

b. Do you have computer experience? Yes No

List computer skills/ software program knowledge: _____

Spreadsheet Skills: _____

Database Programs: _____

c. Have you had training/experience in payroll work? Yes No

If yes, please explain: _____

d. Do you have experience in purchasing, invoicing or buying? Yes No

If yes, please explain: _____

2. If you are applying for a teacher aide/paraprofessional position, please answer the following:

a. Have you done volunteer work of any kind? Yes No

If yes, please explain: _____

b. Can you type and are you familiar with a computer? Yes No

c. Please indicate the area in which you would prefer to work and assist:

Regular Education Learning Support

Physically Handicapped Attention Deficit

3. If applying for a custodial or maintenance position, please answer the following questions:

a. Do you have experience with plumbing? Electrical? Carpentry?

Please describe extent of experience: _____

4. If applying for a cafeteria position, please answer the following questions:

d. Do you have training/experience in food preparation or serving food? Yes No

If yes, please explain: _____

REFERENCES:

List two references that would best be able to evaluate your abilities in terms of the position for which you are applying. Also list two character references on the next page.

PLEASE NOTE: Failure on the part of the applicant to complete the references segment will result in the rejection of this application.

WORK REFERENCES:

Name	Position	Email Address	Phone	Company/Organization

CHARACTER REFERENCES:

Name	Position	Email Address	Phone	Company/Organization

IMPORTANT

Applicants must comply with the requirements of Act 34, Section III, requiring a background check of criminal history. A physical examination will be required by a licensed physician after employment, but a tuberculosis evaluation must be submitted with the application. Applicants must submit proof of citizenship, i.e., driver's license, social security card, birth certificate, etc.

No questions contained in this application were designed to secure racial, religious, or other discriminating information. Applicants who believe a question requires an answer of racial, religious, or other discriminatory nature may choose not to answer that specific question. A copy of the Carlynton School District Nondiscrimination Policy is available in the Office of the Superintendent.

I declare that the information in this application is true and complete to the best of my knowledge, and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Applicant's Signature _____ Date _____