

**DERRY TOWNSHIP SCHOOL DISTRICT**  
**30 East Granada Avenue, PO Box 898, Hershey, PA 17033**

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**AN EQUAL OPPORTUNITY EMPLOYER**

**FEDERAL, STATE AND LOCAL LAWS  
PROHIBIT DISCRIMINATION BECAUSE OF RACE,  
COLOR, SEX, AGE, RELIGION, CREED,  
NATIONAL ORIGIN, OR ANCESTRY**

**CLASSIFIED APPLICATION**

*To Applicant: We deeply appreciate your interest in the Derry Township Schools and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and educational history will aid us in placing you in the position that best meets your qualifications. Send your completed application to the personnel office. It will be retained in our active files for consideration in the event an opening occurs for which your competencies and experience can be utilized. Arrangements for a personal interview will be made at that time.*

*Return to Personnel Secretary, Derry Township School District, Hershey, PA 17033*

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<b>I. Name</b>		Date	
Application for the position of			
Home Address			
Telephone Number:		Email Address:	
<b>II. Work Experience: List the last three places you have been employed:</b>			
Place of Employment	Dates of Employment	Salary Rec'd.	Type of Work
1.			
2.			
3.			
<b>III. Education: List below the school level you have completed.</b>			
Elementary			
High School			
Others			

**Complete information on reverse side.**

**Work Experience: List in chronological order summer, military, and other work experience.**

Employer and Location	Type of Work	Dates Mo./Yr.		Reason for Leaving	Name of Immediate Supervisor
		From	To		

**CLERICAL APPLICANTS ONLY:** Check any of the following operations you can perform.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Typing _____ W.P.M.    | <input type="checkbox"/> Receptionist       | <input type="checkbox"/> Payroll         |
| <input type="checkbox"/> Shorthand _____ W.P.M. | <input type="checkbox"/> Bookkeeping        | <input type="checkbox"/> Calculators     |
| <input type="checkbox"/> Dictation Equipment    | <input type="checkbox"/> Spirit Duplicating | <input type="checkbox"/> P.B.X. Operator |
| <input type="checkbox"/> Filing                 | <input type="checkbox"/> Photocopying       |  |
| <input type="checkbox"/> Computer Experience    |   |  |

List the computer programs you are experienced with:

Specialized Equipment: List:

**BUS DRIVER APPLICANTS ONLY:**

Have you ever been convicted of a crime? Yes  No

If yes, explain

Do you have a Pennsylvania driver's license? Yes  No

Have you had any traffic violations within the last five years? Yes  No

Explain accident:

**References:**

Give name, position title, address and telephone number of three persons able to give information about your qualifications for which you are applying.

	Name	Position Title	Address	Telephone No.
1.				
2.				
3.				

IN SUBMITTING THIS APPLICATION I UNDERSTAND THAT:

I am willing to assume responsibility for a complete physical examination to certify health status. This application remains active for one (1) year and submission of this application and subsequent pre-employment interviews are not promises (implied or otherwise) of employment. Any misrepresentation of facts on this application or in connection with any physical examination will be just cause for rejection of my application or dismissal if hired.

Signature of Applicant	Date
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