Employment Application

Ambridge Area School District
901 Duss Avenue
Ambridge, Pennsylvania 15003

Notice of Non-Discrimination
Ambridge Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title IV, Title IX and Section 504

Position Applying For:

Date of Application:

Last Name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Email Address:

Telephone Number:

Social Security Number:

If you are under 18 years old, can you provide required proof of your eligibility to work?

- ◯ No
- ◯ Yes

Have you ever filed an application with us before? If yes, give the date in the space provided.

- ◯ No
- ◯ Yes

Have you ever been employed with us before? If yes, give the date in the space provided.

- ◯ No
- ◯ Yes

Are you currently employed?

- ◯ No
- ◯ Yes

If you are currently employed, may we contact your employer?

- ◯ No
- ◯ Yes

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment)

- ◯ No
- ◯ Yes

On what day would you be able to work?

Are you available to work :

- ☐ Full time
- ☐ Part Time
- ☐ Shift Work
- ☐ Temporary

Are you currently on "Lay-off" status and subject to recall?

- ◯ No
- ◯ Yes

Have you been convicted of a crime in the past year? If yes, please explain. (Conviction will not necessarily disqualify an applicant from employment)

- ◯ No
- ◯ Yes

Education

Name & Address of High School:	Years Completed:	Diploma/Degree:

Name & Address of Undergraduate College:

Course of Study:

Diploma/Degree:

Years Completed:

Name and Address of Graduate/Professional School:

Course of Study:

Diploma/Degree:

Years Completed:

Name & Address of any Other Type of School:

Course of Study:

Diploma/Degree:

Years Completed:

Describe any specialized training, apprenticeship, skills, extra-curricular activities, or any additional information you feel may be helpful.

Specialized Skills

Check Skills/Equipment Operated:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.) Employer

Dates Employed: (12/12/9999 - 12/12/9999)

Job Title:

Supervisor:

Worked Performed:

Address:

Telephone Number:

Hourly Rate/Salary: (Starting - Final)

Reason for Leaving:

2.) Employer

Dates Employed: (12/12/9999 - 12/12/9999)

Job Title:

Supervisor:

Worked Performed:

Address:

Telephone Number:

Hourly Rate/Salary: (Starting - Final)

Reason for Leaving:

3.) Employer

Dates Employed: (12/12/9999 - 12/12/9999)

Job Title:

Supervisor:

Worked Performed:

Address:

Telephone Number:

Hourly Rate/Salary: (Starting - Final)

Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact (Select any of the employers that you would like us not to contact, and supply a reason.)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ Reason

References

1. Name: Phone Number:

Address:

2. Name: Phone Number:

Address:

3. Name: Phone Number:

Address:

The information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon employer to continue to employ me in the future.

Date:_____ Signature:_____

PLEASE EMAIL THIS APPLICATION TO: **June Mueller**
jmueller@ambridge.k12.pa.us

WE ARE AN EQUAL OPPORTUNITY EMPLOYER