

# SUSQUEHANNA COMMUNITY SCHOOL DISTRICT

## EMPLOYMENT APPLICATION

Applications will be kept on file for at least six months, but no longer than twelve.  
On July 1 of each year, all applications will be destroyed.

**DATE:** \_\_\_\_\_

<p><b>Please check box(s) for position you are interested in:</b></p> <p><input type="checkbox"/> Aide                      <input type="checkbox"/> Personal Care Aide</p> <p><input type="checkbox"/> Maintenance              <input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> SECURITY</p>	<p><b>Do you want to be placed on our substitute list for the position you are interested in?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes              <input type="checkbox"/> No</p> <p><b>** Please note substitute aides must apply through ** Kelly Services – link on school website.</b></p>
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**PERSONAL INFORMATION:**

**Name**

\_\_\_\_\_

Last	First	Middle
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**Present Address:**

\_\_\_\_\_

Street / Box Number

\_\_\_\_\_

City	State	Zip Code
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Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Social Security Number

\_\_\_\_\_

**E-mail Address:**

\_\_\_\_\_

**GENERAL:**

**When can you start work?**

\_\_\_\_\_

**What wage or salary do you expect?**

\_\_\_\_\_

**OFFICE USE ONLY**

Act 34     Act 114     Act 151     Physical + TB    \_\_\_\_\_ Date Received

<b>EDUCATION</b>													
Circle Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	
Name of School and Location								Full or					Type of

	Part Time	Course
Elementary		
Jr. High		
Sr. High		
College		

List courses or training that you completed that pertain to the position for which you are applying.

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**EMPLOYMENT**

List the most recent employment first and work back consecutively.

FROM	TO	FIRM NAME & SUPERVISOR	FIRM ADDRESS	SALARY		POSITION & DUTIES REASON FOR TERMINATION
				BEG.	END	

List any experience, skills, or qualifications which you feel would especially fit you for work with our district.

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**REFERENCES**

Three references: (people who have first-hand knowledge of your work performance and character)

Name	Business Address	Business Telephone	Official Position


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**PLEASE SEND YOUR APPLICATION, REQUIRED DOCUMENTS/FORMS, AND ALL FUTURE  
CORRESPONDENCE TO:**

**Mr. Bronson Stone, Superintendent of Schools  
Susquehanna Community School District  
3192 Turnpike Street  
Susquehanna, PA 18847**

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**The Susquehanna Community School District is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, sex, age, and handicap in their activities or employment practices as required by Title VI, Title IX, Section 504, and the American Disabilities Act.**