

Millersburg Area School District
 799 Center Street
 Millersburg, PA 17061
 Telephone: (717) 692-2108

APPLICATION FOR GENERAL EMPLOYMENT

(Please print or type)

Name _____

Last
First
Middle Initial

Address _____

Street Address
Telephone Number

_____ City _____ State _____ Zip Code

POSITION(S) DESIRED _____

EXPERIENCE *(Present or most recent first)*

Dates: From _____ To _____	Name of Employer and Address: _____ _____ Phone Number _____	Your Title: _____ Reason for Leaving: _____ _____
Work Performed _____ _____ _____		
Final Yearly Salary or Hourly Wage: _____		Name and Title of Supervisor: _____

Dates: From _____ To _____	Name of Employer and Address: _____ _____ Phone Number _____	Your Title: _____ Reason for Leaving: _____ _____
Work Performed _____ _____ _____		
Final Yearly Salary or Hourly Wage: _____		Name and Title of Supervisor: _____

Dates: From _____ To _____	Name of Employer and Address: _____ _____ Phone Number _____	Your Title: _____ Reason for Leaving: _____ _____
Work Performed _____ _____ _____		
Final Yearly Salary or Hourly Wage: _____		Name and Title of Supervisor: _____

RECORD OF EDUCATION

Name and Location of School Attended	Highest Grade Completed	Course of Study	Diploma/Degree

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills:

REFERENCES

References should include persons who have first-hand knowledge of your competence and personal qualifications. If any person listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

Name	Position	Address	Telephone

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "YES" to any of the following questions, provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. You must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Print and sign your name on the sheet, and include your social security number. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records. Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest). Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation. You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under charges for a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever forfeited bond or collateral in connection with a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the last ten years, have you been fired from any job for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the last ten years, have you quit a job after being notified that you would be fired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you subject to any visa or immigration status that would prevent lawful employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ACT 34/ACT 114/ACT 151 COMPLIANCE (Background Checks of Prospective Employees)

Each applicant must submit with his/her employment application a copy of State and Federal criminal history reports and official clearance statement obtained from the PA Department of Human Services or a statement from the PA Department of Human Services that no record exists. The reports shall be no more than (1) year old. The applicant MUST submit the ORIGINAL reports prior to employment.

ACT 24 COMPLIANCE (Arrest/Conviction Report Certification Form)

As required by subsection (j)(2) of 24 P.S. §1-111, Form PDE-6004 shall be completed by all prospective employees of a public or private school, intermediate unit or area vocational-technical school, and submitted to the administrator or other person responsible for employment decisions with his/her employment application.

ACT 168 COMPLIANCE (Employment History Review)

Each applicant must submit with his/her employment application a separate Sexual Misconduct/ Abuse Disclosure Release form for: (1) the applicant's current employer (regardless of whether the employer was a school entity and/or where the applicant had direct contact with children); (2) all former employers of the applicant that were school entities; and (3) all former employers where the applicant was employed in a position where he/she had direct contact with children.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my application, (2) withdrawing any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Millersburg Area School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date of Application

Signature of Applicant *(in ink)*
(Must be original signature)

Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district at (717) 692-2108.