SHIPPENSBURG AREA SCHOOL DISTRICT

317 North Morris Street Shippensburg, PA 17257-1654 OFFICE (717) 530-2700 FAX (717) 530-2724

SUPPORT SERVICE STAFF APPLICATION

POSITION DESIRED:	Aide	Full-time
	Cafeteria	Part-time
	Custodial/Maintenance	Substitute
	Secretarial	
-	Technology Specialist	

PERSONAL

Last Name First M.I.	Date	
Street Address	Home Phone	
City, State, Zip	Business Phone	
Work or personal experience that relates to the position:	Social Security #	
	Pay Expected	
Other special training or skills (languages, machine operation, etc.):	Will you work overtime if asked? Yes No	
Equipment you are able to operate:	Date you are available to begin work?	

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	YEAR OF GRADUATION	DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE					
OTHER					

This application remains on file for one year after it is received. It shall be the applicant's responsibility to update and request that the application remain active beyond this period of time.

DATE _____

	EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
1	COMPANY NAME	TELEPHONE
	ADDRESS	DATES OF EMPLOYMENT
	NAME OF SUPERVISOR	HOURLY RATE
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING
	MAY WE CONTACT THIS EMPLOYER?YESNO	
2	COMPANY NAME	TELEPHONE
	ADDRESS	DATES OF EMPLOYMENT
	NAME OF SUPERVISOR	HOURLY RATE
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING
	MAY WE CONTACT THIS EMPLOYER?YESNO	
3	COMPANY NAME	TELEPHONE
	ADDRESS	DATES OF EMPLOYMENT
	NAME OF SUPERVISOR	HOURLY RATE
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING
	MAY WE CONTACT THIS EMPLOYER?YESNO	
4	COMPANY NAME	TELEPHONE
	ADDRESS	DATES OF EMPLOYMENT
	NAME OF SUPERVISOR	HOURLY RATE
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING
	MAY WE CONTACT THIS EMPLOYER?YESNO	

MILITARY:BRANCH	STATION LOCATION	DATES	TYPE OF WORK (MOS)	TYPE OF DISCHARGE

ADDITIONAL INFORMATION: Please supply any additional information you consider pertinent. List any skills that may be applicable to the position you desire.

REFERENCES: Give the name, title, and business address of three persons able to supply information about your qualifications for the position for which you are applying.

Name	Position	Address	Phone

APPLICATION CERTIFICATION:

I verify that the statements made in the aforegoing application are true and correct. I understand that false statements herein are made subject to the penalties of 42 Pa. C.S.A. Section 1024 relating to unsworn falsification to authorities.

Date_____ Signature_____

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Shippensburg Area School District not to discriminate on the basis of race, age, color, religion, sex, handicap or national origin in its admissions, educational programs, activities or employment policies as required by Title VI of the Civil Rights Act of 1964, Title IX of the 1972 Education Amendments, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Inquiries regarding compliance with Titles VI and IX and Section 504, may be directed to the Office of the Superintendent, 317 North Morris Street, Shippensburg, Pennsylvania, 17257-1654, Telephone (717) 530-2700.