



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

<b>MILITARY:BRANCH</b>	<b>STATION LOCATION</b>	<b>DATES</b>	<b>TYPE OF WORK (MOS)</b>	<b>TYPE OF DISCHARGE</b>

**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 foregoing 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.