

**SALISBURY TOWNSHIP SCHOOL DISTRICT
SUPPORT STAFF APPLICATION**

Name

Last

First

Middle

Social Security Number¹

Present Address

Street

(Area Code) Telephone

City

State

Zip Code

Permanent Address

Street

(Area Code) Telephone

City

State

Zip Code

E-mail Address (if available)

Type(s) of Position(s) Sought:

- Custodian - Food Services - Lunch Aide - Maintenance
 Secretarial/Clerical - Instructional/Non-Instructional Assistant
 Other

Specific Position Sought (if known):

Are you willing to substitute in an area of your choice if no position is open? _____

In compliance with Act 34 of 1985, Section 111 of the Pennsylvania School Code of 1949, as amended, applicants must submit with this application a copy of Form SP4-164. Request for Criminal History Record Information, processed by the PA State Police no earlier than one year prior to the date of application. (Non-Pennsylvania residents must also include a copy of Form FD-258. Fingerprint Record, processed by the Federal Bureau of Investigation within the prior year.)

As of July 1, 1996, all new employees are required to submit a clearance statement from the Department of Public Welfare of founded and indicated reports of child abuse and student abuse, processed no earlier than one year prior to the date of application. All new employees are required to complete the U.S. Immigration and Naturalization Service I-9 form and produce proof of citizenship and work authorization.

This application, the mandatory reports of criminal history, letters of reference, as well as any supplemental information the applicant wishes to attach, must be forwarded to:

THE OFFICE OF THE SUPERINTENDENT
SALISBURY TOWNSHIP SCHOOL DISTRICT
1140 SALISBURY ROAD
ALLENTOWN, PENNSYLVANIA 18103
610-797-2062, EXT. 1002

EDUCATION

	NAME OF SCHOOL	LOCATION	COURSES TAKEN	GRADUATED (YES/NO)
HIGH SCHOOL				
BUSINESS/TRADE SCHOOL				
ADDITIONAL TRAINING				

EXPERIENCE

Please begin with your current or most recent employment.

Position: _____ Dates: _____

Reason for considering leave: _____ Salary: _____

Institution: _____ Supervisor: _____

Address: _____
Street City State Zip

Telephone Number: _____

Position: _____ Dates: _____

Reason for considering leave: _____ Salary: _____

Institution: _____ Supervisor: _____

Address: _____
Street City State Zip

Telephone Number: _____

Position: _____ Dates: _____

Reason for considering leave: _____ Salary: _____

Institution: _____ Supervisor: _____

Address: _____
Street City State Zip

Telephone Number: _____

PERSONAL REFERENCES

List only individuals who are familiar with your qualifications and/or experience. Exclude relatives.

Name and Position	Address	Telephone

PERSONAL DATA

Are you presently authorized to work in the United States? _____

When is the earliest date you can begin work? _____

Do you have access to transportation if your job should require travel between buildings during the school day? _____

Is there any reason that you would be unable to perform the job function as required? _____

SKILLS AND INTERESTS

Custodial/Maintenance Applicants Only

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> general cleaning | <input type="checkbox"/> electrical |
| <input type="checkbox"/> window cleaning | <input type="checkbox"/> metal work |
| <input type="checkbox"/> refrigeration | <input type="checkbox"/> painting |
| <input type="checkbox"/> grounds keeping | <input type="checkbox"/> plastering |
| <input type="checkbox"/> auto body | <input type="checkbox"/> masonry |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> machinist |
| <input type="checkbox"/> plumbing | <input type="checkbox"/> roof repairs |
| | <input type="checkbox"/> others: |

Food Service Applicants Only

Have you had any experience and/or training in institutional food preparation?

If so, please describe:

Secretarial/Clerical Applicants Only

Typing w.p.m. _____

Bookkeeping experience: _____

Word Processing experience: _____

Types of office machinery you have operated successfully: _____

Instructional/Non-Instructional Assistant Applicants Only

Have you had any experience and/or training in supervising or working with children? _____

If so, please describe:

AFFIRMATION

Applications are kept on file for one year. A successful job applicant must have a pre-employment physical at his/her own expense prior to beginning duties. Additional information may supplement this application, but all data requested in this application must be provided before an applicant will be considered.

I certify that all information contained in this application is true to the best of my knowledge. I understand that any fraudulent information may mean the loss of my position if I am the candidate chosen.

Signature _____ **Date** _____

The Salisbury Township School District is an equal rights and opportunity agency. As an equal rights and opportunity agency, it does not discriminate against individuals or groups because of race, color, national origin, religion, age, sex, marital status, or non-relevant handicaps and disabilities as defined by law.

For information regarding this statement, please contact Dr. Louise Beauchemin, Title IX and Section 504 Coordinator, Salisbury Township School District, 1140 Salisbury Road, Allentown, PA 18103 610-791-0146.