

**THIS APPLICATION MUST
BE IN YOUR OWN
HANDWRITING**

YOUGH SCHOOL DISTRICT

915 Lowber Road
Herminie, PA 15637-1219
(724) 446-7272

**NON-PROFESSIONAL
APPLICATION FOR EMPLOYMENT**

**ALL QUESTIONS ON BOTH
SIDES OF THIS FORM MUST
BE ANSWERED**

NAME IN FULL (LAST NAME, FIRST)		SOCIAL SECURITY NO.
STREET ADDRESS		PHONE NUMBER
CITY AND STATE		
ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	TIME LIVED IN THIS CITY	TIME LIVED IN THIS STATE
LAST PREVIOUS ADDRESS		

EMPLOYMENT INFORMATION

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	REFERRED BY:
PREVIOUSLY EMPLOYED HERE? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, GIVE DATES)	PREVIOUSLY APPLIED FOR WORK HERE? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, GIVE DATES)	

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECT STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE, BUSINESS, NIGHT OR CORRESPONDANCE SCHOOL				
SPECIAL TRAINING				

AN EQUAL OPPORTUNITY EMPLOYER

Any questions on this application relative to age, sex, marital status, parental status, national origin, race, non-relevant handicaps and disabilities as defined by law, or residence will not be used as criteria for employment except in cases where the sex of the applicant is a prerequisite to the job/position available. Therefore, when completing this application you may choose not to give any information which has no bearing upon the job for which you are making an application.

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
ADDITIONAL REMARKS				

SERVICE RECORD

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		RANK
BRANCH	DATE OF DISCHARGE	REASON FOR DISCHARGE

REFERENCES (LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

In order to be considered for non-professional and/or substitute work, all applications must be accompanied by Form SP4-164 Pennsylvania State Police Request for Criminal History Record Information and a Form CY-113 Pennsylvania Child Abuse History Clearance. Out-of-state applicants must also submit Form FO-253 Federal Bureau of Investigation Fingerprint Record.

I agree that any false statement shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information included in this application.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVIEWED BY:	DATE:		
REMARKS:					
ABILITY		CHARACTER	NEATNESS		PERSONALITY
HIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	DEPT.	POSITION	WILL REPORT	WAGES	EMPLOYEE NO.