# **Application for General Employment**

Steelton-Highspire School District 250 Reynders Avenue Steelton, PA 17113 (717) 704-3800

The Steelton-Highspire School District, does not discriminate in its 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, the Americans with Disabilities Act of 1990. Applicants who have an inquiry or complaint regarding discrimination, or who need information about accommodations for persons with disabilities, should contact the school district at (717) 704-3800.

Date of Application:		2			
<ul><li>☐ Facilities Worker (Custodian)</li><li>☐ Paraprofessional</li></ul>	☐ Full Time ☐ Part-Time ☐ Day (☐ Positive Behavior Facilitator	□ Evening □ Substitute □ Secretary/Administr		onal Only tant	
Last Name	First Name		Middle	Name	
Address	City	State	Zip		
Telephone Number(s)	Home:	Email Address			
Cell:					
If you are under 18 years of age, ca	ın you provide required proof of your eliş	gibility to work?	Yes	No	
Have you ever filed an application	with the Steelton-Highspire School Distr	ict?	Yes	No	
Have you ever been employed with	n the Steelton-Highspire School District b	pefore?	Yes	No	
Are you currently employed?			Yes	No	
May we contact your present employee	oyer?		Yes	No	1001
Are you a citizen of the USA? (Proof of citizenship or immigration status will be required upon employment)			Yes	No	
Do you have transportation to and	from work?		Yes	No	
On what date would you be available	le to begin employment?				
Are you currently on "lay-off statu	s and subject to recall?		Yes	No	

THE FOLLOWING BACKGROUND CLEARANCES MUST BE SUBMITTED FOR ANY POSITION WITHIN THE STEELTON-HIGHSPIRE SCHOOL DISTRICT. CLEARANCES DATED PRIOR TO ONE YEAR (1) OF THIS APPLICATION WILL NOT BE ACCEPTED.

- PA State Police Criminal History Record Check
- · PA Child Abuse History Clearance
- · FBI Criminal History Record

THE FOLLOWING FORMS WILL BE REQUIRED TO BE COMPLETED, pior to hire date.

- Sexual Misconduct/Abuse Disclosure Release- each applicant must submit with his/her employment application a separate form for each applicant's current or former employer, regardless of whether the employer is a school entity and/or where the applicant had direct contact with children
- · Arrest/Conviction Report and Certification

## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name	Dates Employed	Work Performed
	From To	
Address		
Telephone Number	Hourly Rate/Salary	
Job Title	Starting Final	
Reason for Leaving		
Employer Name	Dates Employed	Work Performed
	From To	
Address		
Telephone Number	Hourly Rate/Salary	
Job Title	Starting Final	
Reason for Leaving		
Employer Name	Dates Employed	Work Performed
	From To	
Address		
Telephone Number	Hourly Rate/Salary	
Job Title	Starting Final	
Reason for Leaving	3	
Employer Name	Dates Employed	Work Performed
	From To	
Address	Trom 10	
Telephone Number	Hourly Rate/Salary	
Job Title	Starting Final	
Reason for Leaving		
If you need addi	tional space, please continue on a separate sh	neat of nanor
List professional, trade, business or civic		tool or paper.
	ld reveal gender, race, religion, national orig	in, age. ancestly, disability or

### Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School			45678	
High School			9 10 11 12	
Undergraduate School			1 2 3 4	
Graduate Professional				
Trade School/Other (Specify)				

### **Additional Information**

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

#### References

	Name		E-mail	Phone Number
	- 1944		L-man	I Holle Hullbel
	Name		E-mail	Phone Number
	Name	9	E-mail	Phone Number
certify that	answers given herein	are true and co	omplete to the best of my k	nowledge.
authorize i		ements contain	ed in this application for e	_
45 days. An	y applicant wishing to	be considere	ered active for a period of ed for employment beyond are being accepted at this ti	d this time period
mould mqui				
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