

**SUPPORT STAFF  
APPLICATION FOR EMPLOYMENT**

Southern Fulton School District  
3072 Great Cove Road, Suite 100  
Warfordsburg, PA 17267  
717-294-2203  
Fax: 717-294-2207

Applicants are considered for all positions with out regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

Date: \_\_\_\_\_

**PERSONAL**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position applying for: \_\_\_\_\_

Do you want to work (check all that apply) Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Substitute \_\_\_\_\_

If hired, when will you be available for work? \_\_\_\_\_

Do you have reliable method of transportation to work? \_\_\_\_\_

Are you a relative of any employee or Board member of the Southern Fulton School District? \_\_\_\_\_

If so, name of relative(s) \_\_\_\_\_

*The Southern Fulton School District does not guarantee that you will be called for work as a substitute. The Southern Fulton School District does not discriminate on the basis of age, gender, race, color, disability, national origin, religion, or gender.*

## EDUCATION

	Name and Address of School	Last Yr. Completed	Graduated (Yes/No)	Degree	Major
Elementary					
High School			10 11 12		
College			1 2 3 4		
Other					

Average High School Grades: A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ D \_\_\_\_

Explain any Additional Schooling or Specialized Training Not Covered Above: \_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE

Branch	From	To	Rank of Separation	Duties of Specialty

Have you ever had any schooling under the G.I. Bill of Rights? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES (excluding former employers or relatives)

Name	Address	Telephone

## EMPLOYMENT HISTORY

(List in order with last or present employer first)

A. Name of Company B. Street Address C. City and State D. Telephone No.	Date Employed Month / Year Position Last Salary/Wages	A. Name of Supervisor B. Supervisor's Title C. Reason for leaving
A.  B.  C.  D.	From:  To:  Position:  Last salary:	A.  B.  C.
A.  B.  C.  D.	From:  To:  Position:  Last salary:	A.  B.  C.
A.  B.  C.  D.	From:  To:  Position:  Last salary:	A.  B.  C.

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) we may not contact.

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**ACT 34 Clearance (PA State Police Criminal Background Check)**

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

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**ACT 114 (Federal Criminal History Record)**

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

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**ACT 151 Clearance (PA Child Abuse History Clearance)**

Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

Hiring of the applicant is contingent upon the results of the Act 34 and 151 clearances. It is the applicant’s choice to give notice to his/her former employer before the results of the forms are viewed by the Southern Fulton School District.

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application and my candidacy for this position or any other position in the school district. I authorize the school district to make an investigation of any of the facts set forth in this application and release the school district from any liability.

I understand that employment at this school district is “at-will,” which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_