

EAST PENN SCHOOL DISTRICT
APPLICATION FOR EMPLOYMENT
Technology

Please type or use black ink when completing this application.

Date _____ Telephone Number (____) _____

Name _____
Last First Middle

Email Address: _____

Present Address _____
Street City State Zip Code

Approximately how many hours per week would you like to work? _____

Are you 18 or over? YES NO Are you eligible to work in the United States? YES NO

Have you ever been convicted of a felony? YES NO If yes, please explain _____

To meet your needs, please describe any special arrangements which we would need to provide for you (i.e. physical limits, hours of the work day, etc.) in order to perform the essential functions of the position. We are committed to the intent of the Americans with Disabilities Act and will make reasonable accommodations _____

EDUCATIONAL BACKGROUND

	School or Institution and Location	Major or Course of Study	Diplomas, Degrees or credits earned
High School			
College / University			
College / University			

List any training or other education experiences in your background which would be related to the competent performance of the job for which you are applying. _____

EMPLOYMENT HISTORY (List most recent employer first)

Start Date	End Date	Name of Employer	Position / Title	Reason for Leaving
List main responsibilities		Address of Employer	Name & Title of Supervisor	Final Salary
Employer Telephone:		Employer Fax:	School District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Direct contact with Children? <input type="checkbox"/> YES <input type="checkbox"/> NO
Start Date	End Date	Name of Employer	Position / Title	Reason for Leaving
List main responsibilities		Address of Employer	Name & Title of Supervisor	Final Salary
Employer Telephone:		Employer Fax:	School District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Direct contact with Children? <input type="checkbox"/> YES <input type="checkbox"/> NO
Start Date	End Date	Name of Employer	Position / Title	Reason for Leaving
List main responsibilities		Address of Employer	Name & Title of Supervisor	Final Salary
Employer Telephone:		Employer Fax:	School District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Direct contact with Children? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Please list all previous employers – Use the back of this form if you need additional space.*

Other References

Name	Relationship to Applicant	Number of years known	Phone Number

May we contact the employers and references listed above? _____ If not, indicate those not to be contacted by bracketing their names.

Candidates may be required to take skills tests, to write a brief statement describing their skills, experiences or other qualifications and/or to otherwise demonstrate competency in necessary job-related skills.

I certify to the truthfulness of the information provided in this application. I understand that any misrepresentations about any information on this application will be cause for my dismissal at any time. I authorize the EPSD Human Resources office to examine my background including prior work history. I waive the right to sue any person who provides good faith information to the EPSD as a result of the reference request.

Signature Date

Completed applications may be returned to: Human Resources Office, East Penn School District, 800 Pine Street, Emmaus, PA 18049. Applications remain on file for one year from the date of application.

The East Penn School District is an equal opportunity education institution and will not discriminate on the basis or race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX, and Section 504. For information regarding 1) civil rights, 2) grievance procedures or 3) services, activities, and facilities that are accessible to and useable by handicapped persons, contact Ms. Jessica Afflerbach, HR Manager, 800 Pine Street, Emmaus, PA 18049. (610) 966-8377.