

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street
Lehigh, PA 18235-1798
An Equal Opportunity Employer

SUPPORT STAFF APPLICATION

NAME _____ DATE _____
(Last) (First) (Middle Initial)

ADDRESS _____
(Number & Street) (City) (Zip Code)

HOME PHONE _____ BUSINESS PHONE _____ CELL _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ E-Mail _____

Desired Position(s) (please check all that apply):

- Custodian
 Cleaner
 Secretary
 Cafeteria
 Lunch-Time Aide
 Paraprofessional (Aide & Instructional Assistant to Special Education)

Desired Status:
 Full-Time
 Day-to-Day Substitute (hourly rate)

1. Educational Background

	Name & Location	Major	Degree Diploma	Date Issued
High School/GED				
College/University				
Other (Trade or Business School, Military, etc.)				

Are you currently licensed, registered, or certified for a profession/trade in any state?
 Yes
 No

Profession/Trade _____

License No. _____ Date Issued _____

Expiration Date _____ State where issued _____

2. EMPLOYMENT HISTORY

Please list all periods of employment with most recent employer first. Failure to account for all time may lead to disqualification or dismissal.

PRESENT EMPLOYER: _____

Address: _____

Position Title/Duties: _____

Supervisor: _____ Phone No. _____

Reason for Leaving: _____

Dates of Employment: _____ to _____ Full-Time Part-Time

FORMER EMPLOYER: _____

Address: _____

Position Title/Duties: _____

Supervisor: _____ Phone No. _____

Reason for Leaving: _____

Dates of Employment: _____ to _____ Full-Time Part-Time

FORMER EMPLOYER: _____

Address: _____

Position Title/Duties: _____

Supervisor: _____ Phone No. _____

Reason for Leaving: _____

Dates of Employment: _____ to _____ Full-Time Part-Time

FORMER EMPLOYER: _____

Address: _____

Position Title/Duties: _____

Supervisor: _____ Phone No. _____

Reason for Leaving: _____

Dates of Employment: _____ to _____ Full-Time Part-Time

ADDITIONAL COMMENTS/EXPLANATION: _____

3. Have you, at any time, been convicted of a felony, a misdemeanor, or a motor code violation?

Yes No If "Yes", please explain: _____

(An affirmative response will not necessarily be a bar to employment. Factors such as age, elapsed time, seriousness, nature and rehabilitation will be taken into account.)

4. Are you an U. S. citizen or an alien lawfully authorized to work in the U. S.? Yes No

5. Are you an U. S. Veteran? Yes No

6. Briefly state why you are interested in working in the Lehigh Area School District and what you can contribute to the Lehigh Area School District.

7. **Special Skills** (Indicate special job-related skills and qualifications relevant to the position(s) for which you are applying.)

8. **References – work related.** (Indicate work related references including those who have supervised your work.)

Name	Address	Telephone

I authorize and release Lehigh Area School District to contact the above references and discuss with them my background and qualifications for the position I seek. Yes No

9. Additional Information:

A. In compliance with Act 34 of 1985, Section III of the Pennsylvania Public School Code of 1949, as amended, applicants must submit 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 hiring action. (Non-Pennsylvania residents must also include a copy of Form FO-253, Fingerprint Record, processed by the Federal Bureau of Investigation within the prior year). Original documents must be submitted prior to Board approval and hiring. In compliance with Act 151 of 1994, PA C.S.A. Chapter 63, applicants must submit a copy of Form CY-113, Pennsylvania Child Abuse History Clearance, processed by the PA Department of Public Welfare within the 12 months prior to the date of hiring.

B. All new employees will be required to complete the U. S. Immigration and Naturalization Service I-9 Form and produce proof of citizenship or identity and work authorization.

C. This application will be retained for a period of one (1) year from date of application.

My signature below certifies that to the best of my knowledge, all information provided herein is complete and true. I understand that any misrepresentation of information shall be sufficient cause for rejecting my candidacy, withdrawing any job offer, or terminating my employment.

I further authorize the Lehigh Area School District to investigate my background to verify the information provided, and release from all claims, causes of action, and liability all person and/or corporations supplying or receiving information concerning my background.

Signature: _____ Date: _____

Pursuant to applicable federal and state laws and regulations, the Lehigh Area School District does not discriminate in employment practices on the basis of race, creed, color, age, national origin, sex, or any non-job related handicap or disability. *Note: If you need assistance to complete this application, please contact the Superintendent's Office at 610-377-4490 Ext. 1515.*

Return application to:

**Superintendent's Office
Lehigh Area School District
1000 Union Street
Lehigh, PA 18235-1798**

Fax: 610-577-0032