

**CHESTER UPLAND SCHOOL DISTRICT
1720 MELROSE AVENUE
CHESTER, PA 19013**

APPLICATION FOR EMPLOYMENT

Date: _____ Date Available: _____

All questions must be answered carefully and completely. If you have a resume, please attach it to this application. PLEASE TYPE OR PRINT.

Name _____ Social Security No. _____
Last First Middle

Have you ever worked under another name Yes No If yes, give name

Address _____ Phone No. _____

City _____ State _____ Zip Code _____ Daytime No. _____

Most recent prior address:

Number and Street _____ City _____ State _____ Zip Code _____

Emergency contact: _____
Name _____ Address _____ Phone No. _____

Position Desired _____ Salary Desired _____

Check type of employment desired: Full Time Part Time Per Diem Temporary

Are you:

- | | | |
|-----|----|---|
| Yes | No | over the age of 18? |
| Yes | No | a previous applicant? |
| Yes | No | a previous employee? |
| Yes | No | legally able to work in the United States? |
| Yes | No | a licensed driver with a car available if required for the job? |
| Yes | No | a CDL S/P license if applying for position of bus driver? |

Other than traffic violations, have you ever been convicted of a crime? Yes No

If yes, describe in detail (nature of charges, county and state of conviction): _____

Are there any criminal charges pending against you Yes No If yes describe (including type of charge, county and state where pending) _____

Starting with PRESENT or MOST RECENT job, list all previous employers. Include self-employment, military service, summer and part-time jobs. If you need more space, continue on a separate sheet.

PRESENT/PREVIOUS EMPLOYER	DATES (mo/yr) \$ SALARY	POSITION & DUTIES
Company Name	From \$	
Street Address	To \$	
City, State, Zip	Telephone Number ()	Name & Title of Supervisor
Reason for leaving		
PRESENT/PREVIOUS EMPLOYER	DATES (mo/yr) \$ SALARY	POSITION & DUTIES
Company Name	From \$	
Street Address	To \$	
City, State, Zip	Telephone Number ()	Name & Title of Supervisor
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PRESENT/PREVIOUS EMPLOYER	DATES (mo/yr) \$ SALARY	POSITION & DUTIES
Company Name	From \$	
Street Address	To \$	
City, State, Zip	Telephone Number ()	Name & Title of Supervisor
Reason for leaving		

If presently employed, why do you wish to change position? _____

Account for all periods of unemployment of one month duration or more since you left school until the present time.

FROM	TO	STATE WHAT YOU WERE DOING
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	

Education

Name Address City State	Major Course Or Subject	Circle Last Year Comp	If Graduate Mo/Yr	Degree	C P A
High School or preparatory		1 2 3 4			
Business School		1 2 3 4			
College		1 2 3 4			
Graduate Work		1 2 3 4			

List scholastic honors, offices held, and activities in high school or college. Do not list organizations which reveal race, creed, color, national origin, age sex or disability

If you did not graduate, why and when did you leave school or college? _____

Are you planning to pursue further studies? Yes No
 Day School Night School Part-time Full-time

If yes, when, where and what course? _____

List any courses you have completed which will aid this School District in evaluating your qualifications for the position you are seeking. Use additional sheets if necessary. (Example: If applying for a clerical position, note training such as word processing, typing, calculator, computer/CRT software). Please include grade or other indicator of achievement, such as words per minute typed.

Course	Dates Enrolled In Course	School or Other Sponsor of Course	Describe Major Content of Course	Grade

The applicant for employment with the Chester Upland School District, hereby authorize the Chester Upland School District or its representative to obtain information and records from prior employers, including, but not limited to, personnel files and compensation records.

I hereby authorize and direct my prior employers to make available to the Chester Upland School District or its representative information and documents relating to my prior employment, including but not limited, personnel files and compensation records (excluding any information relating to race, color, sex, creed, age, national origin or disability).

I understand that this information may be taken into consideration and be a part of the employment decision making process of the Chester Upland School District.

The applicant by submitting his/her name for consideration for employment consents to the employer's request for information and consents to the release of such information including, but not limited to information required under the Child Protective Services Law of the Commonwealth of Pennsylvania, Section 111 (Act 34) of the Public School Code of 1949, as amended, pending criminal charges whether in Pennsylvania or elsewhere, as well as the existence or non-existence of a founded or indicated reporting relating to child abuse regarding the applicant and the date or dates of such report (Act 151)

In addition, I consent to an inquiry and release of information from the Federal Bureau of Investigation (FBI) to the Chester Upland School District relating to any criminal record or pending criminal charges against me.

The failure to provide all information requested applicable to you may result in your disqualification in the employment application process.

Providing inaccurate, incomplete or false information on the application may result in the termination of your employment should you be accepted for employment in the school district.

Date

Signature of Applicant

Professional Information:

Certification (if applicable) _____	Registration No. _____
Effective Date _____	Expiration Date _____
Out of State Certification(s) _____	License No. _____
Is State Registration Pending	Yes No
Type: _____	State _____

Military: Branch of Service _____	Rank at Discharge _____	Date of Service _____
List duties in the service, including school and training _____		
Honorable discharge? Yes No		

Have you read the job description applicable to the position for which you are applying?

Yes No

Can you perform the duties and responsibilities set forth in the job description?

Yes No

Do you need any accommodation or assistance to be able to perform the duties and responsibilities of the job description? Yes No

If so, state specifically the type of accommodation or assistance which you need to be able to perform the duties and responsibilities of the job description _____

References:

Name: _____
Address: _____
Phone Number: _____
Name: _____
Address: _____
Phone Number: _____
Name: _____
Address: _____
Phone Number: _____