

SPRINGFIELD SCHOOL DISTRICT

111 West Leamy Avenue
Springfield, Delaware County, Pennsylvania 19064
Phone: (610)938-6000 Fax: (610)938-6005
http://www.ssdcougars.org



APPLICATION FOR NON-CERTIFICATED EMPLOYMENT

APPLICATION FOR _____

NAME _____
Last First Middle

Social Security Number

ADDRESS _____
Number & Street

Home Telephone Number

City State Zip Code

Work Telephone Number

EDUCATION

Name/State & City	Dates Attended	Major/ Curriculum	Diploma/ Degree Received
High School			
College			
Business/Trade			
Other Training			

SKILLS

List any skills or trades in which you are experienced: _____

PERSONAL DATA

1. Do you have any relatives employed by the District? Yes ___ No ___ If yes, Employee Name _____

Relationship to the District employee: _____

2. When are you available to work: _____

3. Have you been a resident of Pennsylvania for the past two years? Yes ___ No ___ If no, which State: _____

4. If applying for a position which requires driving school district vehicles, do you have the following:
a) Current PA Driver's License Yes ___ No ___ b) Commercial Driver's License (CDL) Yes ___ No ___

5. Has your license ever been suspended or revoked? Yes ___ No ___ If yes, please explain: _____

6. Are you able to perform the essential functions for the position(s) for which you are applying? Yes ___ No ___

7. If not, please describe reasonable accommodations which may be necessary: _____

EMPLOYMENT

List below all employment starting with the most recent. Please use additional sheet(s) if necessary.

Dates	Current Employer & Address	Position		Reason for Leaving
From: To:		Job Title: _____ Supervisor: _____	Full Time ___ Part Time ___ Annual Salary \$ _____	
Dates	Previous Employer & Address	Position		Reason for Leaving
From: To:		Job Title: _____ Supervisor: _____	Full Time ___ Part Time ___ Annual Salary \$ _____	
From: To:		Job Title: _____ Supervisor: _____	Full Time ___ Part Time ___ Annual Salary \$ _____	

Previous employer verifications are made in routine processing of applications. Your previous employer may be asked about your performance. List maiden name used in previous employment (if applicable). _____

REFERENCES

Please list three people not related to you (IE: supervisor, previous teacher, etc.) who may be contacted to provide information regarding your work habits, abilities, and character.

Name	Title	Mailing Address	Telephone Number

GENERAL BACKGROUND INFORMATION

Have you ever been dismissed, asked to resign, or refused employment? Yes _____ No _____

Have you ever been convicted of a criminal offense? Yes _____ No _____ If yes, please describe below.

Note: Criminal offense includes felonies, misdemeanors, summary offenses & convictions resulting from a plea of "nolo contendere" (no contest).

To be considered for employment with the Springfield School District, your application must be signed & dated. Please read the statement below.

All information provided in this application is accurate to the best of my knowledge. I hereby authorize Springfield School District to contact references and previous employers as listed to verify all information. I recognize that by falsifying any information on this application I may be dismissed from employment with the Springfield School District. All employment is pending FBI, PA criminal and child abuse background checks and results of the employment physical.

The Springfield School District is an EOE employer which shall not discriminate in its 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 & 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the PA Humans Relations Act.

Applicant's Signature _____

Date _____