

# SPRINGFIELD SCHOOL DISTRICT

200 South Rolling Road  
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** \_\_\_\_\_