



**OFFICE USE ONLY**

Act 34

Act 114

Act 151

Physical + TB

\_\_\_\_\_ Date

Received

## EDUCATION

Circle Highest Grade Completed      1 2 3 4 5 6 7 8 9 10 11 12

| Name of School and Location | Full or Part Time | Type of Course |
|-----------------------------|-------------------|----------------|
| Elementary                  |                   |                |
| Jr. High                    |                   |                |
| Sr. High                    |                   |                |
| College                     |                   |                |

List courses or training that you completed that pertain to the position for which you are applying.

|  |
|--|
|  |
|  |

## EMPLOYMENT

List the most recent employment first and work back consecutively.

| FROM | TO | FIRM NAME & SUPERVISOR | FIRM ADDRESS | SALARY |     | POSITION & DUTIES<br>REASON FOR TERMINATION |
|------|----|------------------------|--------------|--------|-----|---|
|      |    |                        |              | BEG.   | END |   |
|      |    |                        |              |        |     |   |
|      |    |                        |              |        |     |   |
|      |    |                        |              |        |     |   |
|      |    |                        |              |        |     |   |

List any experience, skills, or qualifications which you feel would especially fit you for work with our district.

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

| <b>REFERENCES</b>  |                         |                           |                          |
|--|-------------------------|---------------------------|--------------------------|
| <b>Three references: (people who have first hand knowledge of your work performance and character)</b> |                         |                           |                          |
| <b>Name</b>  | <b>Business Address</b> | <b>Business Telephone</b> | <b>Official Position</b> |
|  |                         |                           |                          |
|  |                         |                           |                          |
|  |                         |                           |                          |

\*\*\*\*\*

**PLEASE SEND YOUR APPLICATION, REQUIRED DOCUMENTS/FORMS, AND ALL FUTURE CORRESPONDENCE TO:**

**Mr. Bronson Stone, Superintendent of Schools  
Susquehanna Community School District  
3192 Turnpike Street  
Susquehanna, PA 18847**

\*\*\*\*\*

**The Susquehanna Community School District is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, sex, age, and handicap in their activities or employment practices as required by Title VI, Title IX, Section 504, and the American Disabilities Act.**