

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT

EMPLOYMENT APPLICATION

Applications will be kept on file for at least six months, but no longer than twelve.
On July 1 of each year, all applications will be destroyed.

DATE

Please check box(s) for position you are interested in: <input type="checkbox"/> Aide <input type="checkbox"/> Clerical <input type="checkbox"/> Maintenance <input type="checkbox"/> Cafeteria <input type="checkbox"/> Security Guard <input type="checkbox"/> Nurse	Do you want to be placed on our substitute list for the position you are interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL INFORMATION	
Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-right: 10%;"> Last First Middle </div>	
Present Address _____ <div style="display: flex; justify-content: center; margin-left: 10%; margin-right: 10%;"> Street / Box Number </div>	
<div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-right: 10%;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-right: 10%;"> City State Zip Code </div>	
Telephone Number (____) _____ - _____ Social Security Number _____	
E-mail Address _____	
GENERAL	
When can you start work? _____	
What wage or salary do you expect? _____	
OFFICE USE ONLY	
<input type="checkbox"/> Act 34 <input type="checkbox"/> Act 114 <input type="checkbox"/> Act 151 <input type="checkbox"/> 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 REASON FOR TERMINATION
				BEG.	END	

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

REFERENCES

Three references: (people who have first hand knowledge of your work performance and character)

Name	Business Address	Business Telephone	Official Position

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.



SUSQUEHANNA COMMUNITY SCHOOL DISTRICT
3192 TURNPIKE STREET
SUSQUEHANNA, PA 18847

BRONSON STONE
Superintendent of Schools
Elementary Principal

CARMELLA BULLICK
Junior/Senior High School Principal

GARY KIERNAN
Business Manager

**SUBSTITUTE AIDE, FOOD SERVICE, MAINTENANCE
INFORMATION/FORM**

Each year the Susquehanna Community School District accepts applications for substitute aides, food service and maintenance workers. Substitutes will be called on an as needed basis. Substitutes will receive a duty free non-compensated lunch break. Substitutes are expected to perform all assignments and duties of the regular employee.

If you are interested in being a substitute, please complete the bottom portion of this form and return it along with your Application, State Police Clearance, Pennsylvania Child Abuse History Clearance, FBI Clearance, Act 126 Recognizing and Reporting Child Abuse training certificate, physical, and Sexual Misconduct/Abuse Disclosure Release form for all applicable current/former employers. All forms and information can be found on our website. www.scschools.org.

Sincerely,


Bronson Stone
Superintendent


Carmella Bullick
High School Principal

SUBSTITUTE FORM

Name _____ Date _____

Address _____ Phone No. _____

_____ Cell No. _____

ELEMENTARY _____ HIGH SCHOOL _____

PLEASE CHOOSE AREA OR AREAS OF INTEREST BELOW

AIDE _____ PERSONAL CARE AIDE _____

FOOD SERVICE _____ MAINTENANCE _____

SIGNATURE _____

Comments _____

PLEASE RETURN TO: ADMIN OFFICE ATTENTION DEBBIE WILLIAMS