

Office use only  
Reg ID # \_\_\_\_\_  
Checked by \_\_\_\_\_

*"An Equal Opportunity Employer"*  
**COATESVILLE AREA SCHOOL DISTRICT**  
545 East Lincoln Highway  
Coatesville, PA 19320

"The mission of the Coatesville Area School District, a learning community rich in diversity and committed to excellence, is to educate all students by providing rigorous educational opportunities to become responsible, productive, life-long learners in a global society" – *Coatesville Area School District Mission*

**APPLICATION FOR EMPLOYMENT**

**Personal Information (Please Print)**

Name \_\_\_\_\_  
Last First Middle (Today's Date)

Social Security No. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone

Permanent Address \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

Position (s) for which you are applying (please check)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Custodial    | <input type="checkbox"/> Instructional Aide        |
| <input type="checkbox"/> Maintenance  | <input type="checkbox"/> Playground/Cafeteria Aide |
| <input type="checkbox"/> Grounds Crew | <input type="checkbox"/> Clerical Aide             |
| <input type="checkbox"/> Paint Crew   | <input type="checkbox"/> Secretary                 |
| <input type="checkbox"/> Labor Pool   | <input type="checkbox"/> Computer Tech.            |
| <input type="checkbox"/> Cafeteria    | <input type="checkbox"/> Other-Specify _____       |

Type of employment desired (please check):

Full-time  Part-Time  Temporary Substitute  Seasonal

Date of Availability \_\_\_\_\_

Have you applied for a position in the Coatesville Area School District before?  Yes  No

Have you ever been employed by the Coatesville Area School District?  Yes  No

If yes, please list—Dates of Employment \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?  Yes  No

**Employment History**

List your last four (4) employers, assignments or volunteer activities starting with the most recent. Explain any gaps in employment in the comment section below.

Employer: \_\_\_\_\_ Employer Telephone (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Comments (including explanation of gaps in employment): \_\_\_\_\_

\_\_\_\_\_

**References:**

Give name, title, address and telephone numbers of at least three business/work references who are not related to you. If applicable, list three school or personal references who are not related to you.

Last Name, First Name	Title/Position	Street Address City/State/Zip	Telephone Number

**Educational Record**

List last three (3) schools attended, starting with the last one.

Name and Address of School	Length of Time Attended	Highest Grade/Degree Completed	Major Subject

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience that may qualify you to work with our school district.

List special accomplishments (exclude information that would reveal sex, race, religion, national origin, age, color, disability or other protected status).

**General Background Information**

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest). Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation. You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

- Were you ever convicted of a criminal offense? \_\_\_yes \_\_\_no
- Are you currently under charges for a criminal offense? \_\_\_yes \_\_\_no
- Have you ever forfeited bond or collateral in connection with a criminal offense? \_\_\_yes \_\_\_no
- Within the last ten years, have you been fired from any job for any reason? \_\_\_yes \_\_\_no
- Within the last ten years, have you quit a job after being notified that you would be fired? \_\_\_yes \_\_\_no
- Are you subject to any visa or immigration status, which would prevent lawful employment? \_\_\_yes \_\_\_no

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

**Act 34 COMPLIANCE (Background Check of Prospective Employees)**

Each Pennsylvania resident must submit with his/her employment application a copy of a report of Criminal History Record Information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police Central Repository contains no such information relating to that person. Each out of state applicant must submit with his/her application for employment a copy of a federal criminal record history from the Federal Bureau of Investigation. The criminal record history report must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

**Act 151 (PA Child Abuse History Clearance)**

Each applicant must submit with his/her employment application a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

**Act 114 (Federal Criminal History Record)**

Each Applicant must register and be fingerprinted prior to submitting this application. The clearance statement must be no more than one (1) year old. Please record your **REGISTRATION NUMBER or TCN Number here** \_\_\_\_\_.

I certify that information given in my application is true and complete and understand that upon submission, my application becomes the property of the Coatesville Area School District and will remain active for one (1) year. To continue active status beyond one (1) year, a request for continuance for another year and an updated resume must be submitted. Information submitted on or as part of this statement shall be accorded confidentially as required by PA Criminal History Record Information Act of July 1979. P.L. 116. No. 47 relating to unsworn falsification to authorities.

I grant permission to the Coatesville Area School District to investigate all references and to secure additional information about my application for employment if job related. I hereby release from liability the Coatesville Area School District and its representatives for seeking such information and from all other persons or organizations for furnishing such information. I understand that my signature below grants permission to the Coatesville Area School District to check my references and previous places of employment for verification of records.

I further understand that, if employed, falsified statements on this application or any supplement thereto shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

It is the policy of the Coatesville Area School District to not discriminate on the basis of race, age, color, national origin, sex and handicap in its educational programs, activities, or employment policies as required by Title IX, Title VI, and Section 504.

12/1/08

