



BOYERTOWN AREA SCHOOL DISTRICT
Boyertown, PA 19512

SUPPORT STAFF APPLICATION FOR EMPLOYMENT

Date _____

I am interested in the following position(s)

I am willing to substitute

Cafeteria Worker _____
Clerical _____
Custodial _____
Instructional Aide _____
Playground Aide _____
Maintenance _____
Staff Nurse (RN/LPN) _____
School Technician _____
Special Education Aide _____

Yes _____ No _____
Yes _____ No _____
Yes _____ No _____
Yes _____ No _____
Yes _____ No _____
Yes _____ No _____
Yes _____ No _____
Yes _____ No _____
Yes _____ No _____

Type of employment desired: Full-time _____ Part-time _____ Substitute _____

School Preference: Elementary _____ Jr. High _____ Sr. High _____ No Preference _____

Name _____
Last First Middle Initial Social Security Number

Address _____
Street

City State Zip Code

Home phone number _____ **E-Mail** _____

Cell phone number _____

Education:

High School Curriculum Diploma

College Graduation Degree

Other Training _____

Return Application To: **Human Resources**
Boyertown Area School District
911 Montgomery Avenue, Boyertown, PA 19512

Pennsylvania Child Abuse History, Pennsylvania State Police Criminal History Record, and FBI Federal Criminal History Record submissions are requirements of employment.

FBI Criminal History Record Clearance - Registration #: _____

Please complete all applicable information requested. DO NOT REFER US TO A RESUME.

Please list any job related information that, in your opinion, would be helpful to the Boyertown Area School District in considering you for employment.

References: (OTHER THAN RELATIVES)

1.	Name		Position	
	Address		Phone Number	

2.	Name		Position	
	Address		Phone Number	

3.	Name		Position	
	Address		Phone Number	

Work Experience: List the most recent employment first.

1.	Employer			
	Address			
	Position(s) Held			
	Beginning Date		Ending Date	
	Job Description			
	Reason for Leaving			

	Contact Employer Yes/No		Reason	
2.	Employer			
	Address			
	Position(s) Held			
	Beginning Date		Ending Date	
	Job Description			
	Reason for Leaving			
	Contact Employer Yes/No		Reason	

3.	Employer			
	Address			
	Position(s) Held			
	Beginning Date		Ending Date	
	Job Description			
	Reason for Leaving			
	Do not Contact Employer Yes/No		Reason	

(If more space in needed, please use an additional sheet of paper.)

Note: We may contact employers listed above unless you indicate those you do not wish us to contact.

Have you ever worked for the Boyertown Area School District? YES _____ NO _____ When _____

Experience working with children (volunteer or paid):

Detail location, dates of service and a brief description of duties.

Computer Training and/or Experience:

Please detail specific computer training you received, dates and location of training. Also, any on the job experience you may have had. Detail what types of computers and program(s) you have worked with.

Minimum salary required: _____

Date employment could begin: _____

I hereby declare that the information in this application is true and complete to the best of my knowledge and agree that any falsified or intentionally misleading information or deliberate omissions may disqualify me from employment and may be justification for dismissal if discovered at a later day. My signature also states my approval for the Boyertown Area School District to check my references and to verify my reason for leaving employment.

Signature

Date

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or disability.