

**POTTSVILLE AREA SCHOOL DISTRICT**

RETURN TO: BUSINESS MANAGER  
POTTSVILLE AREA SCHOOL DISTRICT  
1501 West Laurel Boulevard  
Pottsville PA 17901

**EMPLOYMENT APPLICATION**

For this application to remain on file it must be renewed each year.

DATE OF APPLICATION \_\_\_\_\_

**PLEASE TYPE OR PRINT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**POSITION DESIRED** *(Please Circle)*

CUSTODIAL CLERICAL CAFETERIA LUNCH AIDE TEACHER AIDE OTHER \_\_\_\_\_  
*(Please List)*

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL YOU WORK OVERTIME IF ASKED? YES \_\_\_\_\_ NO \_\_\_\_\_

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? \_\_\_\_\_

**CLERICAL APPLICANTS**

CAN YOU TYPE? YES \_\_\_\_\_ NO \_\_\_\_\_ WORDS PER MINUTE \_\_\_\_\_

PLEASE DESCRIBE YOUR BOOKKEEPING AND COMPUTER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR ALL APPLICANTS** PLEASE LIST SPECIAL SKILLS AND/OR QUALIFICATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A HIGH SCHOOL GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

NAME AND LOCATION OF HIGH SCHOOL \_\_\_\_\_

COURSE OF STUDY, HONORS \_\_\_\_\_

POST HIGH SCHOOL EDUCATION? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME, LOCATION AND COURSE OF STUDY \_\_\_\_\_

\_\_\_\_\_

**PRIOR EMPLOYMENT EXPERIENCE**

1. NAME AND ADDRESS \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB DUTIES \_\_\_\_\_  
BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
NAME AND PHONE NO. OF SUPERVISOR \_\_\_\_\_  
CAN HE/SHE BE CONTACTED FOR WORK RECOMMENDATION? YES \_\_\_\_\_ NO \_\_\_\_\_

2. NAME AND ADDRESS \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB DUTIES \_\_\_\_\_  
BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
NAME AND PHONE NO. OF SUPERVISOR \_\_\_\_\_  
CAN HE/SHE BE CONTACTED FOR WORK RECOMMENDATION? YES \_\_\_\_\_ NO \_\_\_\_\_

3. NAME AND ADDRESS \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB DUTIES \_\_\_\_\_  
BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
NAME AND PHONE NO. OF SUPERVISOR \_\_\_\_\_  
CAN HE/SHE BE CONTACTED FOR WORK RECOMMENDATION? YES \_\_\_\_\_ NO \_\_\_\_\_

**REFERENCES: NAME, ADDRESS, PHONE NO., OCCUPATION**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

PLEASE LIST CLUBS OR CIVIC ORGANIZATIONS YOU BELONG TO \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT (DATE)