



**SHARPSVILLE AREA SCHOOL DISTRICT**

1 Blue Devil Way  
Sharpsville, PA 16159  
Phone: 724-962-8300 Fax: 724-962-7873

| FOR OFFICIAL USE ONLY |                           |
|-----------------------|---------------------------|
| DATE                  | SASD AUTHORIZED SIGNATURE |

# EMPLOYMENT APPLICATION

(ALL POSITIONS)

EQUAL OPPORTUNITY EMPLOYER

| POSITION APPLIED FOR              |
|-----------------------------------|
| Date: _____                       |
| Position(s) Applied for: _____    |
| Desired Salary/Hourly Rate: _____ |

### GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Complete all information within this application in its entirety even if you have attached/submitted a resume. Resumes are not a substitute for completed applications.
- Type or print in ink.
- Specify the position(s) for which you are applying.
- Sign and date Certification and Release Authorization section of application.
- Submit application to: SASD District Office; 1 Blue Devil Way
- Applications/resumes are kept on file for (2) two years only.
- Applicants are responsible for providing copies of Act 34, Act 114 and Act 151 clearances as well as Act 126 Mandated Reporter Training upon hiring (must be within past 60 months).

| WORK PREFERENCE  |
|--|
| Date Available for Work: _____   |
| Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time                        |
| Will you work overtime (more than 40 hours a week) if required? <input type="checkbox"/> YES <input type="checkbox"/> NO |

### CONTACT INFORMATION:

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Other names you have worked under: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If necessary, best time to call you at home: \_\_\_\_:\_\_\_\_ AM \_\_\_\_:\_\_\_\_ PM DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

May we contact you at work?  YES  NO

If yes, work number and best time to call: (\_\_\_\_) \_\_\_\_\_ :\_\_\_\_ AM \_\_\_\_:\_\_\_\_ PM

Have you previously applied for employment with this Sharpsville Area School District?  YES  NO

If yes, when, where and for what position did you apply? \_\_\_\_\_

Have you ever been employed by Sharpsville Area School District?  YES  NO If yes, provide dates of employment, location and reason for separation from employment. \_\_\_\_\_

Are you legally eligible for employment in this country?  YES  NO

Have you ever been convicted of a crime?  YES  NO

If yes, please provide date(s) and details on separate sheet of paper:

Answering "yes" to this question does not constitute an automatic restriction in regard to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

**EDUCATION**

**HIGH SCHOOL**

Name of School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ GED  YES  NO

**COLLEGE, UNIVERSITIES OR PROFESSIONAL SCHOOL (TRANSCRIPTS MAY BE REQUESTED)**

| NAME OF SCHOOL | LOCATION | DATES OF ATTENDANCE<br>(MONTH/YEAR) |    | MAJOR/MINOR<br>COURSE OF STUDY | CREDIT<br>EARNED | DEGREE<br>EARNED |
|----------------|----------|-------------------------------------|----|--------------------------------|------------------|------------------|
|                |          | FROM                                | TO |                                |                  |                  |
|                |          |                                     |    |                                |                  |                  |
|                |          |                                     |    |                                |                  |                  |
|                |          |                                     |    |                                |                  |                  |
|                |          |                                     |    |                                |                  |                  |

**OTHER JOB-RELATED TRAINING OR COURSE WORK (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)**

| NAME OF SCHOOL | LOCATION | DATES OF ATTENDANCE<br>(MONTH/YEAR) |    | COURSE OF STUDY | CREDIT<br>EARNED | DEGREE<br>EARNED |
|----------------|----------|-------------------------------------|----|-----------------|------------------|------------------|
|                |          | FROM                                | TO |                 |                  |                  |
|                |          |                                     |    |                 |                  |                  |
|                |          |                                     |    |                 |                  |                  |
|                |          |                                     |    |                 |                  |                  |
|                |          |                                     |    |                 |                  |                  |

**CERTIFICATES/LICENSES EARNED**

| CERTIFICATE OR LICENSE TITLE | DATE ISSUED | STATE ISSUED | EXPIRATION DATE |
|------------------------------|-------------|--------------|-----------------|
|                              |             |              |                 |
|                              |             |              |                 |
|                              |             |              |                 |

Your name if different, while attending school: \_\_\_\_\_

| TYPES OF OFFICE EQUIPMENT YOU CAN OPERATE |
|---|
|   |
|   |
|   |
|   |

| TYPES OF SHOP EQUIPMENT YOU CAN OPERATE (HEAVY/LIGHT EQUIPMENT, POWER TOOLS, HAND TOOLS, ETC) |
|---|
|   |
|   |
|   |
|   |

| RATE YOUR PROFICIENCY WITH THE FOLLOWING APPLICATIONS |      |          |          |  |
|---|------|----------|----------|--|
| WORD  | NONE | BEGINNER | ADVANCED |  |
| EXCEL   | NONE | BEGINNER | ADVANCED |  |
| PUBLISHER   | NONE | BEGINNER | ADVANCED |  |
| POWER POINT   | NONE | BEGINNER | ADVANCED |  |

| LIST OTHER COMPUTER SOFTWARE/PROGRAMS |
|---------------------------------------|
|                                       |
|                                       |
|                                       |
|                                       |

PROVIDE THE FOLLOWING INFORMATION OF YOUR PAST AND CURRENT EMPLOYERS STARTING WITH THE MOST RECENT.

| EMPLOYMENT HISTORY                                       |             |                     |     |                             |
|--|-------------|---------------------|-----|-----------------------------|
| EMPLOYER   | TELEPHONE # | DATES EMPLOYED      |     | DUTIES AND RESPONSIBILITIES |
|  | ( )         | FROM                | TO  |                             |
| ADDRESS  |             | HOURLY RATES/SALARY |     |                             |
| STARTING JOB TITLE/FINAL JOB TITLE                       |             | STARTING            |     |                             |
| IMMEDIATE SUPERVISOR AND TITLE                           |             | \$                  | PER |                             |
| REASON FOR LEAVING                                       |             | HOURLY RATES/SALARY |     |                             |
| MAY WE CONTACT FOR REFERENCE                             |             | FINAL               |     |                             |
|  |             | \$                  | PER |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |             |                     |     |                             |

| EMPLOYMENT HISTORY                                       |             |                     |     |                             |
|--|-------------|---------------------|-----|-----------------------------|
| EMPLOYER   | TELEPHONE # | DATES EMPLOYED      |     | DUTIES AND RESPONSIBILITIES |
|  | ( )         | FROM                | TO  |                             |
| ADDRESS  |             | HOURLY RATES/SALARY |     |                             |
| STARTING JOB TITLE/FINAL JOB TITLE                       |             | STARTING            |     |                             |
| IMMEDIATE SUPERVISOR AND TITLE                           |             | \$                  | PER |                             |
| REASON FOR LEAVING                                       |             | HOURLY RATES/SALARY |     |                             |
| MAY WE CONTACT FOR REFERENCE                             |             | FINAL               |     |                             |
|  |             | \$                  | PER |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |             |                     |     |                             |

**EMPLOYMENT HISTORY**

|  |                        |                     |     |                             |
|--|------------------------|---------------------|-----|-----------------------------|
| EMPLOYER<br><br>( )                                      | TELEPHONE #<br><br>( ) | DATES EMPLOYED      |     | DUTIES AND RESPONSIBILITIES |
|  |                        | FROM                | TO  |                             |
| ADDRESS  |                        | HOURLY RATES/SALARY |     |                             |
| STARTING JOB TITLE/FINAL JOB TITLE                       |                        | STARTING            |     |                             |
| IMMEDIATE SUPERVISOR AND TITLE                           |                        | \$                  | PER |                             |
| REASON FOR LEAVING                                       |                        | HOURLY RATES/SALARY |     |                             |
| MAY WE CONTACT FOR REFERENCE                             |                        | FINAL               |     |                             |
|  |                        | \$                  | PER |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                        |                     |     |                             |

**EMPLOYMENT HISTORY**

|  |                        |                     |     |                             |
|--|------------------------|---------------------|-----|-----------------------------|
| EMPLOYER<br><br>( )                                      | TELEPHONE #<br><br>( ) | DATES EMPLOYED      |     | DUTIES AND RESPONSIBILITIES |
|  |                        | FROM                | TO  |                             |
| ADDRESS  |                        | HOURLY RATES/SALARY |     |                             |
| STARTING JOB TITLE/FINAL JOB TITLE                       |                        | STARTING            |     |                             |
| IMMEDIATE SUPERVISOR AND TITLE                           |                        | \$                  | PER |                             |
| REASON FOR LEAVING                                       |                        | HOURLY RATES/SALARY |     |                             |
| MAY WE CONTACT FOR REFERENCE                             |                        | FINAL               |     |                             |
|  |                        | \$                  | PER |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                        |                     |     |                             |

PLEASE EXPLAIN FULLY ALL GAPS IN YOUR EMPLOYMENT HISTORY IN EXCESS OF ONE MONTH.

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HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB?       YES     NO

HAS YOUR EMPLOYMENT EVER BEEN TERMINATED BY MUTUAL AGREEMENT?       YES     NO

HAVE YOU EVER BEEN GIVEN THE CHOICE TO RESIGN RATHER THAN BE TERMINATED?       YES     NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE THREE QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES OF EACH OCCASION.

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**REFERENCES**

REFERENCES SHOULD INCLUDE AT LEAST TWO PERSONS WHO HAVE SUPERVISED YOUR WORK, AS WELL AS TWO OTHERS WITH WHOM YOU ARE PERSONALLY ACQUAINTED. INDIVIDUALS WITH NO PRIOR WORK EXPERIENCE MAY LIST SCHOOL OR VOLUNTEER RELATED REFERENCES.

| NAME | COMPANY | POSITION | WORK RELATIONSHIP<br>(i.e., SUPERVISOR, CO-WORKER) | TELEPHONE | NUMBER OF YEARS KNOWN |
|------|---------|----------|--|-----------|-----------------------|
|      |         |          |  |           |                       |
|      |         |          |  |           |                       |
|      |         |          |  |           |                       |
|      |         |          |  |           |                       |
|      |         |          |  |           |                       |

**CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Titusville School Board and until such approval that the Sharpsville Area School District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all former employers and references named in this application, or any agent of such a former employer, to release to Sharpsville Area School District and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and other employment or related information, both public and private, in their possession.

I understand that Sharpsville Area School District will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires two years from the date below. I hereby release Sharpsville Area School District and all former employers and references listed herein and any and all agents acting on behalf of said District, former employers or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

As an Equal Rights and Opportunities School District, the Sharpsville Area School District does not discriminate against individuals or groups because of race, color, national origin, religion, age, sex, marital status, or non-relevant handicaps and disabilities. The Sharpsville Area School District's commitment to nondiscrimination extends to students, employees, prospective employees and the community. COMPLIANCE INFORMATION: Title IX & VI—Ms. Heidi Marshall, 724-962-8300 and Section 504—Mr. John Vannoy, 724-962-7874. If the applicant desires assistance with this application, with due notification, the District will attempt to provide the necessary assistance.

\*\*PLEASE COMPLETE THE BACK PAGE IF YOU ARE APPLYING FOR A COACHING POSITION\*\*

**COACHING EXPERIENCE**

Please be advised that this form is needed to establish salary step placement within Sharpsville Area School District and should be turned in with a Coaching Application to the Superintendent's Office

**MIDDLE/HIGH SCHOOL EXPERIENCE**

**\*Please don't list Intramural Sports**

1.  Head Coach                       Assistant Coach                       Unpaid/Volunteer

|                            |                      |                      |       |
|----------------------------|----------------------|----------------------|-------|
| Organization Name          |                      | Type of Organization | Grade |
| Address                    |                      | Telephone            |       |
| Position                   | Immediate Supervisor | Dates (from-to)      |       |
| Responsibilities Included: |                      |                      |       |
| _____                      |                      |                      |       |
| _____                      |                      |                      |       |
| _____                      |                      |                      |       |

2.  Head Coach                       Assistant Coach                       Unpaid/Volunteer

|                            |                      |                      |       |
|----------------------------|----------------------|----------------------|-------|
| Organization Name          |                      | Type of Organization | Grade |
| Address                    |                      | Telephone            |       |
| Position                   | Immediate Supervisor | Dates (from-to)      |       |
| Responsibilities Included: |                      |                      |       |
| _____                      |                      |                      |       |
| _____                      |                      |                      |       |
| _____                      |                      |                      |       |

3.  Head Coach                       Assistant Coach                       Unpaid/Volunteer

|                            |                      |                      |       |
|----------------------------|----------------------|----------------------|-------|
| Organization Name          |                      | Type of Organization | Grade |
| Address                    |                      | Telephone            |       |
| Position                   | Immediate Supervisor | Dates (from-to)      |       |
| Responsibilities Included: |                      |                      |       |
| _____                      |                      |                      |       |
| _____                      |                      |                      |       |
| _____                      |                      |                      |       |