

III. EMPLOYMENT EXPERIENCE (Most Recent Employment First)

1. Employer _____ Employment Dates:
Address _____ From _____ to _____
_____ Position/Duties _____
Name of Supervisor: _____ Phone No. _____

2. Employer _____ Employment Dates:
Address _____ From _____ to _____
_____ Position/Duties _____
Name of Supervisor: _____ Phone No. _____

3. Employer _____ Employment Dates:
Address _____ From _____ to _____
_____ Position/Duties _____
Name of Supervisor: _____ Phone No. _____

4. Employer _____ Employment Dates:
Address _____ From _____ to _____
_____ Position/Duties _____
Name of Supervisor: _____ Phone No. _____

5. Employer _____ Employment Dates:
Address _____ From _____ to _____
_____ Position/Duties _____
Name of Supervisor: _____ Phone No. _____

IV. REFERENCES (Other than relatives and those listed in Placement Data)

Name	Complete Address	Association with you	Phone No.

V. ADDITIONAL REGULATIONS

A. Health Data – State regulations require all employees to have a pre-employment T.B. test. This is the responsibility of the applicant and not the District to obtain these test results. In an effort to have a complete and accurate application, please submit results of any T.B. test administered to you within the past year to the District Office prior to your first day of employment.

B. Criminal Background History (Act 34) – Current State law required all employees to have a Criminal History Background check by the PA State Police for PA residents or the F.B.I. for out-of-state residents. **Results of Criminal History Background Check, within the past year, are (place a check in appropriate box):

- Attached
 Available
 Not Completed

C. Child Abuse Clearance (Act 151) – Current State law required all employees to have a Child Abuse Clearance check by the PA Department of Welfare for PA residents or the F.B.I. for out-of-state residents. **Results of Child Abuse Clearance, within the past year, are (place a check in appropriate box):

- Attached
 Available
 Not Completed

D. Citizenship Verification – Federal regulations require all employees to be one of the following: (place a check in appropriate box):

- A Citizen or national of the United States
 An alien lawfully admitted for permanent residence (Alien Number A _____)
 An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____) or Admission Number _____.

Please note the employer will need exact proof to support the answer stated above. Be prepared to show originals of passport, driver’s license, social security card, birth certificate, etc. If you cannot or will not be able to produce the required documentation, we cannot consider your application.

E. Authorization – The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through the designated state agencies, bureaus, and references.

(Signature of Applicant)

(Date)

AFFIRMATIVE ACTION COMPLIANCE

Milton Area School District will not discriminate in its educational programs, activities or employment practices, based on race, color, national origin, sex, sexual preference, disability, age, religion, ancestry, or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws, including Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

Parents, employees and participants who have an inquiry or complaint of harassment or discrimination, or who need information about grievances or accommodations for persons with disabilities, should contact the Superintendent of Schools, Milton Area School District, 700 Mahoning Street, Milton, PA 17847 (570-742-7614).

Rev. 8/30/99