



WEST SHORE SCHOOL DISTRICT

507 Fishing Creek Road • P.O. Box 803 • New Cumberland, PA 17070-0803

APPLICATION FOR EMPLOYMENT — SUPPORT SERVICES

PERSONAL DATA

Date of Application: _____

Full Name: Miss \ Ms. \ Mrs. \ Mr. _____
LAST NAME FIRST NAME MIDDLE INITIAL

Address: _____
STREET CITY STATE ZIP

Social Security Number: _____ Telephone Number: (_____) _____

Are there currently any pending criminal charges against you? Yes No

If YES, please explain: _____

POSITION (Position(s) applied for, please ✓ as appropriate.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Aquatics Aide | <input type="checkbox"/> Health Room Nurse | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Building Aide | <input type="checkbox"/> Custodian | <input type="checkbox"/> Secretary Substitute |
| <input type="checkbox"/> Educational Aide | <input type="checkbox"/> Custodian Substitute | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reading Aide | <input type="checkbox"/> Food Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Education Paraprofessional | <input type="checkbox"/> Food Services Substitute | |
| <input type="checkbox"/> Special Education Paraprofessional Substitute | <input type="checkbox"/> Maintenance Mechanic | |

EDUCATIONAL BACKGROUND

NAME OF SCHOOL	LOCATION	COURSE OF STUDY	GRADUATE
High School _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical or Business School _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

For Special Education Paraprofessional Applicants (please check all that apply):

- Hold an associate degree or higher Earned at least 48 postsecondary credits Hold a PA Credential of Competency

SKILLS RELATED TO POSITION

Additional information you feel may be helpful to us in considering your application. Experiences in working with young people such as clubs, camps, scouting, playground supervision, etc. Please provide dates.

REFERENCES (Non-Relative)

NAME	POSITION	ADDRESS	TELEPHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE - Please be sure to include all work experience in which you have had direct contact with children.
 (attach additional pages if necessary)

Dates of Employment:		Name and Address of Employer:	
From:			
To:			
		Telephone Number:	Hourly Salary: \$
Your Title:		Worked with Children:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed:		Reason for Leaving:	
Name & Title of Supervisor:			

Dates of Employment:		Name and Address of Employer:	
From:			
To:			
		Telephone Number:	Hourly Salary: \$
Your Title:		Worked with Children:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed:		Reason for Leaving:	
Name & Title of Supervisor:			

Dates of Employment:		Name and Address of Employer:	
From:			
To:			
		Telephone Number:	Hourly Salary: \$
Your Title:		Worked with Children:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed:		Reason for Leaving:	
Name & Title of Supervisor:			

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision.

In the event of employment, I understand false, omitted, or misleading information given in my application or interview(s) may result in discharge; I also understand I am required to abide by all rules and regulations of the West Shore School District.

I understand I must provide a valid physical, negative TB test (valid 90 days), Act 34, Act 114, and Act 151 background checks (valid one year after issuance) prior to employment by the District.

Signature _____ Date Submitted _____