

POCONO MOUNTAIN SCHOOL DISTRICT



Support Staff Services

P.O. Box 200, Swiftwater, PA 18370-0200
570-839-7121 x10121 – Fax 570-839-3059

SUPPORT STAFF EMPLOYMENT APPLICATION

All sections marked with * are required

Application Date*

APPLICANT INFORMATION

Last Name* First Name* M.I.

Street Address* Apt./Unit #

City* State* Zip*

Primary Phone* Email Address

Secondary Phone Date Available to work

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when?

Have you ever been convicted of a crime? Yes No If yes, explain

I am interested in working Full Time Substitute Work Other

POSITION APPLYING FOR:

Please feel free to attach a resume to your application.

Note: Minimum requirement for all positions is a High School Diploma or GED. Other requirements are listed as required.

- | | |
|---|---|
| <input type="checkbox"/> Computer Technician
Requirements: A.A. degree Preferred | <input type="checkbox"/> Custodial
1 st & 2 nd Shift Position (TBD) |
| <input type="checkbox"/> Non-Teaching Assistant (Monitor) | <input type="checkbox"/> Grounds Maintenance
Requirements: CDL |
| <input type="checkbox"/> Health Room Nurse
Requirements: LPN License | <input type="checkbox"/> Building Maintenance
Requirements: Three (3) years minimum experience
Additional requirements posted with vacancy |
| <input type="checkbox"/> Administrative Assistant
Requirements: Minimum three (3) years' experience | <input type="checkbox"/> Security Guard
Requirements: PA Driver's License |
| <input type="checkbox"/> Paraprofessional
Requirements: A.A. Degree or Paraprofessional Certification | <input type="checkbox"/> Courier
Requirements: Current PA Driver's License |

EDUCATION

Did you graduate High School? Yes No If you did not graduate High School, do you have a GED Certificate? Yes No
Please provide a copy of your diploma. Please provide a copy of your certificate.

Do you have any Post High School Education? Yes No Did you Graduate? Yes No Degree: _____

EMPLOYER REFERENCES

Name three (3) current or previous employers whom we can contact for an employment reference

Full Name: Click or tap here to enter text. Company: Click or tap here to enter text.

Address: Click or tap here to enter text. Phone: (____) Click or tap here to enter text.

Full Name: Click or tap here to enter text. Company: Click or tap here to enter text.

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Full Name: Click or tap here to enter text. Company: Click or tap here to enter text.

Address: Click or tap here to enter text. Phone: (____) Click or tap here to enter text.

May we contact your current employer/supervisor for a reference? Yes No

PREVIOUS EMPLOYMENT

Company: Click or tap here to enter text. Phone: (____) Click or tap here to enter text.

Address: Click or tap here to enter text. Supervisor: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

From: Click or tap here to enter text. To: Click or tap here to enter text. Reason for Leaving: Click or tap here to enter text.

Company: Click or tap here to enter text. Phone: (____) Click or tap here to enter text.

Address: Click or tap here to enter text. Supervisor: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

From: Click or tap here to enter text. To: Click or tap here to enter text. Reason for Leaving: Click or tap here to enter text.

Have you ever been asked to resign or been terminated from a position?* Yes No If yes, Explain: Click or tap here to enter text.

Would any accommodations be needed to complete the essential functions of the job for which you are applying?* Yes No If yes, Explain: Click or tap here to enter text.

The following clearances are a condition of employment and must be completed or proof of payment for these clearances must be provided prior to Board approval.

- Act 34 – Pennsylvania Criminal History
- Act 151 – Pennsylvania Child Abuse
- FBI Background Check

Additional skills, training, certifications or other abilities you would like to have us consider.*

Please describe below. Indicate "None" if not applicable. Click or tap here to enter text. Click or tap here to enter text.

DISCLAIMER AND SIGNATURE

The Pocono Mountain School District is an equal opportunity, educational institution and will not discriminate on the basis of race, color, national origin, creed, marital status, sex, age or disability in its activities, programs or employment practices as required by Title VI, Title IX and Section 504. For information regarding services, activities and facilities that are accessible to and useable by handicapped persons, contact Mrs. Courtney Burrus, Title IX and Section 504 Coordinator.

My signature below certifies that, to the best of my knowledge, all information provided is complete and true. Any false statement shall be sufficient cause for rejecting my candidacy, withdrawal of any offer of employment with the Pocono Mountain School District. I hereby grant permission to investigate any of the information included in this application and remove from liability all persons or corporations supplying information concerning my background.

Signature

Date