

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

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

**PREVIOUS EMPLOYMENT**

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

Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been asked to resign or been terminated from a position? \* Yes  No

If yes, explain: \_\_\_\_\_

Would any accommodations be needed to complete the essential functions of the job for which you are applying? \* Yes  No

If yes, explain: \_\_\_\_\_

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 Dr. Kathleen Smith, 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