

APPLICATION FOR EMPLOYMENT

CENTRAL FULTON SCHOOL DISTRICT

151 East Cherry Street
McConnellsburg, PA 17233
717-485-3183

NAME _____

DATE _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applied For: _____

CENTRAL FULTON SCHOOL DISTRICT

We believe in the principles of equal opportunity and fully intend to fulfill our obligations. No person seeking employment with us shall be subject to either adverse or preferential treatment on the basis of race, color, religion, sex, age, national origin or handicap.

Name _____ Social Security No. _____
Last First Middle

Present Address _____
No. Street City State Zip Code

Telephone Number _____

How did you learn of this opening? _____

Have you worked for us before? _____ If yes, when? _____

Do you want to work _____ Full-Time or _____ Part-Time? If part-time, specify days and hours _____

If hired, when will you be available for work? _____

Do you have a reliable method of transportation to get to work? _____

APPLICANT AFFIRMATIVE ACTION FORM

TO THE APPLICANT: Do not answer the following questions in this blocked section unless the employer checked the box next to the question, thereby indicating the requested information is necessary for a bona fide occupational qualification, national security or other legally permissible reasons.

_____ Are you over 18 years of age? _____ If no, employment is subject to verification that you are of minimum legal age.

_____ Please indicate when you attended school: Elementary from _____ to _____
High School from _____ to _____; College from _____ to _____

_____ Number of Dependents _____ Are you a U.S. Citizen? _____
(self included)

_____ Have you ever been bonded? _____. If yes, on what jobs? _____

_____ Have you been convicted of a crime in the past ten years, excluding misdemeanors and traffic violations? _____. If so, please explain in full _____

_____ If you have a military reserve status, provide number of active duty days per year: _____

_____ Do you have any physical handicaps which would prevent you from performing the types of work required for the job which you are applying?

_____ If yes, describe the handicap(s) and work limitations:

Employer may ask other bona fide occupational questions below: _____

AN EQUAL OPPORTUNITY SCHOOL DISTRICT
EDUCATION

	Name and Address of School	Circle Last Year Completed	Graduated (Yes/No)	Degree	Major
Elementary		6 7 8 9			
High School		10 11 12			
College		1 2 3 4			
Other					

Average High School Grades: A ____ B ____ C ____ D ____

Final College Grade Point Average _____ Out of Possible _____

Explain any additional schooling or specialized training not covered above _____

MILITARY SERVICE

Branch	From Mo./Yr.	To Mo./Yr.	Rank At Separation	Duties or Specialty

Have you ever had any schooling under the G.I. Bill of Rights? _____

If yes, please describe _____

PERSONAL REFERENCES (excluding former employers or relatives)

NAME	ADDRESS	TELEPHONE NUMBER

EMPLOYMENT HISTORY (List in order with last to present employer first.)

A. Name of Company B. Street Address C. City and State	Dates Employed _____ Month Year	Position and Salary	A. Name of Supervisor B. Supervisor's Title C. Reason for Leaving
A. B. C.	From To	Position Last Salary	A. B. C.
A. B. C.	From To	Position Last Salary	A. B. C.
A. B. C.	From To	Position Last Salary	A. B. C.

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact.

APPLICANT PLEASE READ:

I certify that all statements on this application are complete and correct to the best of my knowledge and I understand that any false information may cause for rejection of my application for employment or discharge from my employment.

I further agree to be fingerprinted or to submit to a physical examination by a company-appointed physician or a scientific personnel evaluation (polygraph) test when requested by the company, either prior to, or at any time during my employment.

Signature of Applicant

Date

SEND APPLICATION TO:

**Mr. Dwayne Northcraft, District Superintendent
Central Fulton School District
151 East Cherry Street
McConnellsburg, PA 17233**

APPLICANT - DO NOT WRITE ON THIS PAGE

INTERVIEWS

Interviewer	Date	Comments

TEST RESULTS

Tests Administered	Date	Raw Score	Rating	Interpretation and Comments

REFERENCE CHECKS

Reference	Person Checking Reference	Comments

Accepted for employment? _____ Yes _____ No

If yes: Starting Rate _____ per _____; Starting Date _____; Shift _____

Position _____ Dept. _____ I.D. No. _____

Employed by _____ Approved by _____

If no: Should applicant be considered for future openings? _____ Yes _____ No

Explain _____