SUPPORT PERSONNEL APPLICATION

(Cafeteria Monitor, Personal Care Aides, Classroom Aides)
West Branch Area School District
516 Allport Cutoff
Morrisdale, PA 16858
814-345-5615 ext. 4000

| DATE | SOCIAL SECURITY | | |
|-------------------------|-----------------|--|--|
| NAME | | | |
| _ ADDRESS | | | |
| TELEPHONE | | | |
| POSITION (S) DESIRED | | | |

EDUCATIONAL HISTORY

| | NAME AND LOCATION OF SCHOOL | DATE OF GRADUATION | DATES ATTENDED FROM TO | DEGREE EARNED |
|-----------------------|--------------------------------|-----------------------|------------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE OR UNIVERSITY | | | | |

WORK EXPERIENCE (Please specify part-time or full-time. Include paid or volunteer work experience you may have. Attach additional sheets if necessary.)

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|--|-------|----|----------|
| EMPLOYER | DATES | | POSITION |
| (Please provide complete address & telephone number) | FROM | TO | |
| address & telephone number) | | | |
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Revised: 1/21/2008 (mre)

REFERENCES (Please list three; no relatives)

| NAME | CURRENT ADDRESS | CURRENT TELEPHONE |
|------|-----------------|-------------------|
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| Describe your part as well as any assi community groups | stance/superv | | | | | rities |
|--|--------------------------|----------------------|----------------------|-------------------|----------------------|-----------------|
| | | | | | | |
| Candidata | | | | | | |
| <u>Candidate:</u> | | | | | | |
| Upon notification of | hiring, it is your | responsibility | to provide the | following: | | |
| Act 34 Clearance Act 151 Clearance FBI Clearance | ce (Pennsylvania | Child Abuse | - | | | |
| 4. Physical (use De one year from da5. I - 9 Form (Emplo | te of application | n). | | Record-good | for | |
| If you are willing to sareas: | | | Identify | ′ | | |
| NOTE: This applicat certifies that, to the complete and true. | | | | | | |
| | | | Signature | | Date | |
| The West Branch Area Sc | hool District is an ed | qual opportunity | education institutio | n and will not di | scriminate on the b | asis of race, |
| color, national origin, sex, disab | oility, age, or religion | n in its activities, | programs, or empl | oyment practice | s as required by Tit | le VI, Title IX |
| Section 504, and Americans with Disal facilities that | oilities Act. For infor | mation regarding | civil rights, grieva | nce procedures a | and services, or act | ivities and |
| re accessible to and usab Allport Cutoff, | le by disabled perso | ons, contact Paul | S. Carr, Compliance | e Office, West Br | anch Area School [| District, 356 |
| Morrisdale, PA 16858. ADMINISTRATIVE | OFFICE INFO | ORMATION | (Applicants | do no fill ir | this section | 1) |
| | | | | | | _ |
| Act 34 Clearance_ | Signature | Date | Physical Sig | nature | Date | |
| Act 151 Clearance | Signature | Date | I - 9S | ignature | Date | |
| FBI Clearance | Signature | Date | | | | |
| | | | | | | |