



Customizing Learning,  
Nurturing Potential...  
Delivering Excellence

Upper St. Clair School District  
1820 McLaughlin Run Road  
Upper St. Clair, PA 15241  
412-833-1600

## Employment Application for Non-Certificated Positions

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit#  
 \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date Available: \_\_\_\_\_

Position: \_\_\_\_\_  Full Time  Part-Time  Substitute  Seasonal  Summer

### Education

	School or Institution and Location	Major/Minor	Years Attended	Diploma, Degree or Credits	Grade Point Average (GPA)
<b>High School</b>					
<b>College/University</b>					
<b>Graduate Study</b>					

### Technical and Word Processing Skills

(Applicants for secretary, clerical, personal care assistant or teacher s aide must complete this section.  
All other applicants may proceed to the next section.)

Please list all software programs that you can use (MS Word, PowerPoint, Excel etc.)

Please list any other specialized software programs that you can use (Pentamation, Aesop, Raptor etc.)

### 1. Employment Experience (List present or most recent first)

Dates	Name & Address of Employer	Job Title	Name, Title and Phone Number of Supervisor
From: _____ To: _____			
Duties / Responsibilities:			
Reason for Leaving:			
Beginning Salary:		Final Salary:	
May we contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when may we contact this employer?	

**2.**

<b>Dates</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>Name, Title and Phone Number of Supervisor</b>
From:            To:			
Duties / Responsibilities:			
Reason for Leaving:			
Beginning Salary:		Final Salary:	
May we contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when may we contact this employer?	

**3.**

<b>Dates</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>Name, Title and Phone Number of Supervisor</b>
From:            To:			
Duties / Responsibilities:			
Reason for Leaving:			
Beginning Salary:		Final Salary:	
May we contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when may we contact this employer?	

**4.**

<b>Dates</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>Name, Title and Phone Number of Supervisor</b>
From:            To:			
Duties / Responsibilities:			
Reason for Leaving:			
Beginning Salary:		Final Salary:	
May we contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when may we contact this employer?	

**Military Service**

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, please explain:					

**References**

Name	Position/Organization	Address	Telephone
			( ) -
			( ) -
			( ) -

**Personal**

	Yes	No	Comments
Can you perform the essential functions for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>	If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer the question.)
Do you have relatives working for or on the Board of Upper St. Clair School District?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list:
Are you legally eligible to be employed in the United States? (Proof of identity & eligibility will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever worked for this school district?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when?
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:
Do you have a PA Act 34 Clearance? (PA State Criminal Record Check)	<input type="checkbox"/>	<input type="checkbox"/>	Date:
Do you have a PA Act 151 Clearance? (PA Child Abuse History Clearance)	<input type="checkbox"/>	<input type="checkbox"/>	Date:
Do you have a PA 114 Clearance? (FBI Federal Criminal History Records Check)	<input type="checkbox"/>	<input type="checkbox"/>	Date:
Have you been discharged or requested to resign from a former position?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:
Transportation Candidates: Have you ever received a driver's license citation or license suspension / revocation?	<input type="checkbox"/>	<input type="checkbox"/>	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>	

**Upper St. Clair School District's Policy of Non Discrimination**

Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act.

**Disclaimer & Signature**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Upper St. Clair School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_