



**POTTSTOWN  
SCHOOL DISTRICT**

**Human Resources Office  
230 Beech Street  
Pottstown PA 19464-5502  
(610) 970-6603**

**APPLICATION FOR SUPPORT STAFF EMPLOYMENT**

It is the policy of the Pottstown School District to provide employment without regard to race, color, religion, national origin, sex, age, or handicap as required by Title IX, Section 504, and the A.D.A.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_  
Area Code Social Security Number

Permanent Address \_\_\_\_\_  
Street City State Zip Code

For Earned Income Tax Information:  
City, Borough or Township you reside \_\_\_\_\_

**CHECK SUPPORT POSITION(S) DESIRED:** Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Substitute \_\_\_\_\_

- |                              |                                 |
|------------------------------|---------------------------------|
| Maintenance _____            | Custodial _____                 |
| Food Service _____           | Cafeteria/Playground Aide _____ |
| Secretarial _____            | Instructional Aide _____        |
| Other (please specify) _____ | Recreation _____                |

When will you be available to accept a position with the district? \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

School	Location	Years Completed	Area(s) of Concentration & Hours	Diploma/ Degree
High School				
College/Trade/Vocational School or Programs				

Please list any job related information that, in your opinion, would be helpful to the Pottstown School District in considering you for employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pennsylvania Child Abuse History Clearance and State Police Criminal History Record submissions are requirements of employment.**

**EXPERIENCE:**

Start with your present job. Use a separate block for each job that you have held and explain clearly the main tasks which you performed. If you are now unemployed, indicate that fact with dates in the space for "Present Position."

If your duties changed substantially while working for the same employer, use a separate block to describe each position.

Describe military experience in proper sequence.

If there is not enough space on this page for a complete description of your experience, attach a separate sheet.

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1) Present Employer: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Address: _____	Nature of Duties: _____	<b>DATES EMPLOYED</b>
_____		From: _____
Phone No.: _____		To: _____
Supervisor's Name: _____		Salary or Hourly Wage: _____
_____		Beginning: _____
Kind of Business Organization		Last: _____
_____		
Reason for desiring to change employment	Number and kind of employees supervised by you	

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2) Present Employer: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Address: _____	Nature of Duties: _____	<b>DATES EMPLOYED</b>
_____		From: _____
Phone No.: _____		To: _____
Supervisor's Name: _____		Salary or Hourly Wage: _____
_____		Beginning: _____
Kind of Business Organization		Last: _____
_____		
Reason for desiring to change employment	Number and kind of employees supervised by you	

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3) Present Employer: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Address: _____	Nature of Duties: _____	<b>DATES EMPLOYED</b>
_____		From: _____
Phone No.: _____		To: _____
Supervisor's Name: _____		Salary or Hourly Wage: _____
_____		Beginning: _____
Kind of Business Organization		Last: _____
_____		
Reason for desiring to change employment	Number and kind of employees supervised by you	

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## EXPERIENCE CHART

Check each occupation below in which you have had some experience.  
 Encircle one or more occupations in which you would like to work for the school district.  
 Mark the one you prefer most by using number 1, the next by number 2, etc.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Athletic Coach*    | <input type="checkbox"/> Groundskeeper                   | <input type="checkbox"/> Painter            | <input type="checkbox"/> Student Proctor     |
| <input type="checkbox"/> Carpenter          | <input type="checkbox"/> Home & School Coord.            | <input type="checkbox"/> Personal Computer  | <input type="checkbox"/> Technology*         |
| <input type="checkbox"/> Cashier            | <input type="checkbox"/> Housekeeper                     | <input type="checkbox"/> Pipefitting        | <input type="checkbox"/> Telephone Operator  |
| <input type="checkbox"/> Clerk, Financial   | <input type="checkbox"/> HVAC (Heating, Ventilation, AC) | <input type="checkbox"/> Plastering         | <input type="checkbox"/> Transportation Mgr. |
| <input type="checkbox"/> Clerk, General     | <input type="checkbox"/> Instructional Aide              | <input type="checkbox"/> Plumber            | <input type="checkbox"/> Truck Driver        |
| <input type="checkbox"/> Cook               | <input type="checkbox"/> Laborer                         | <input type="checkbox"/> Electrical Repair  | <input type="checkbox"/> Typist              |
| <input type="checkbox"/> Custodian          | <input type="checkbox"/> Library Clerk                   | <input type="checkbox"/> Receptionist       | <input type="checkbox"/> Van Driver          |
| <input type="checkbox"/> Dishwasher         | <input type="checkbox"/> Masonry                         | <input type="checkbox"/> Secretary, School  | <input type="checkbox"/> Warehouseman        |
| <input type="checkbox"/> Electrician        | <input type="checkbox"/> Athletic Official*              | <input type="checkbox"/> Secretary, Exe.    | <input type="checkbox"/> Welding             |
| <input type="checkbox"/> Extracur. Sponsor* | <input type="checkbox"/> Offset Copier                   | <input type="checkbox"/> Sp. Education Aide |  |
| <input type="checkbox"/> Food Service       | <input type="checkbox"/> Other*                          | <input type="checkbox"/> Stock Clerk        |  |

\*Specify \_\_\_\_\_  
 \_\_\_\_\_

## SUPPLEMENTAL QUALIFICATION INFORMATION

Please check the items listed below if applicable to you.

Machines you can operate:

- Adding Machine
- Calculating Machine
- Dictating Machine
- Floor Sander
- Mowing Machine
- Central Telecommunications
- Pressure Paint Spray
- School Bus
- Heavy Equipment \_\_\_\_\_
- Truck
- Van
- Typewriter
- Welder

Other (specify) \_\_\_\_\_  
 Typing Speed \_\_\_\_\_ words per minute. Any technical training (such as legal, mechanical, etc.)? \_\_\_\_\_

### Personal Computer Related Skills

- Data Entry \_\_\_\_\_
- Operations:
  - Position \_\_\_\_\_
  - Computer \_\_\_\_\_
  - Operating Software \_\_\_\_\_
- Programming:
 

Applications Written _____	Language _____
_____	_____
_____	_____
- Word Processing: (type of program software) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If applicable to the position, do you have a current PA driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

What classes? \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

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

**REFERENCES**

(Do not include relatives. List people familiar with your training and experience.)  
List two job related, one personal reference.

Name \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

We will contact employers listed above unless you indicate those you do not wish us to contact.

Do not contact \_\_\_\_\_

In consideration of the Pottstown School District's assurance that it will make a thorough and reasoned determination of my suitability and qualifications for the position for which I am making application, I do hereby authorize the Pottstown School District to obtain and review my documents and records in the possession of any past employer of mine, whether in the public or private sector, and the school district and its agents/employees are also authorized to ask such questions as may be necessary to gather whatever information is necessary to determine my suitability for employment with the school district. Neither the providing of this information nor that receiving of it shall at any time be considered by me as an invasion of privacy and, similarly, I shall not at any time seek to impose any liability on any party who provides their own good faith opinion of my suitability for employment with the district. To summarize, I release the school district and any past employer who provides information from any liability in connection therewith except for any intentionally malicious misstatement intended to have a negative effect on my application for employment.

All applications are kept on file for one year from date of receipt then discarded.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**FOR PERSONNEL USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Qualified for \_\_\_\_\_

Full-Time \_\_\_\_\_ or Part-Time \_\_\_\_\_ Offered Position \_\_\_\_\_ Accepted \_\_\_\_\_

Employed Effective \_\_\_\_\_ Salary \_\_\_\_\_ Board Approved \_\_\_\_\_

HR/PL/Application

**POTTSTOWN SCHOOL DISTRICT  
VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

As an employer, we comply with all Federal, State, and Local Equal Employment Opportunity-Affirmative Action regulations. Employment decisions are made on the basis of job related criteria regardless of the age, sex, race, color, national origin, religious beliefs, disability or veteran's status of the applicant or the employee.

Solely to help us comply with government recordkeeping, reporting, and other legal requirements, please complete this form. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Whether or not you choose to fill out this form will have no impact upon the consideration given to your application. This form will be retained in a confidential file separate from your Application for Employment. Thank you for your cooperation.

**PLEASE PRINT**

Position Applied For: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Active Reserve      | <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> Other Vet/Not Vietnam |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Disabled Individual   |

**RACIAL/ETHNIC GROUP SELF-IDENTIFICATION (PLEASE CHECK BOX)**

**Black**  
All persons having origins in any of the Black racial groups of Africa, not of Hispanic origin

- Male                       Female

**Hispanic**  
All persons of Mexican, Puerto Rico, Cuban, Central and South America or other Spanish culture regardless of race

- Male                       Female

**Asian or Pacific Islander**  
Southeast Asia, India, China, Japan, Korea, Philippine, Republic, and Samoa

- Male                       Female

**American Indian or Alaskan Native**  
People who maintain cultural identification through tribal affiliation of community recognition

- Male                       Female

**White (not of Hispanic origin) or Other**  
Europe, North Africa, Middle East (If your heritage is not any of the above categories, mark this group)

- Male                       Female