

**APPLICATION**  
**FOR SUPPORT STAFF POSITIONS IN**  
**WYOMISSING AREA SCHOOL DISTRICT**  
**630 EVANS AVENUE**  
**WYOMISSING, PENNSYLVANIA 19610**

(Please Type or Print)

Name \_\_\_\_\_  
Last
First
Middle
Social Security Number<sup>1</sup>

Present Address \_\_\_\_\_  
Street
( )  
Telephone

\_\_\_\_\_

City
State
Zip

Permanent Address \_\_\_\_\_  
Street
( )  
Telephone

\_\_\_\_\_

City
State
Zip

E-mail Address (if available) \_\_\_\_\_

**POSITION APPLYING FOR:**

*Maintenance* \_\_\_\_\_ *Custodial* \_\_\_\_\_ *Secretarial* \_\_\_\_\_

*Food Service* \_\_\_\_\_ *Lunchroom Monitor* \_\_\_\_\_ *Van Driver* \_\_\_\_\_

*Instructional Aide* \_\_\_\_\_ *Coach* \_\_\_\_\_ *Crossing Guard* \_\_\_\_\_

*Other (Please Specify)* \_\_\_\_\_

Are you interested in working as a substitute in one or more of the above categories? \_\_\_\_\_ If "Yes", which one(s)?

Date available for employment \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup>Federal Privacy Act [5 U.S.C. /552a note] Statement. Authority for requesting social security account numbers: Public School Code of 1949 [24 P.S. / 12-1212, 24 P.S. / 1224] Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the SSAN will result in an applicant not being considered for employment.

## EDUCATIONAL BACKGROUND

	School or Institution and Location	Major/Minor Or Course Taken	Diplomas, Degrees, Credits or Certification Earned	Grade Point Average(GPA)
High School				
College/University				
Graduate Study				
Additional Training/Certification				

## EXPERIENCE (Present or most recent first)

Dates  From  _____	Name of Employer and Address _____ _____ _____	Your Title _____
	Phone Number _____	Reason for Leaving _____ _____
To  _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Annual Salary

Dates  From  _____	Name of Employer and Address _____ _____ _____	Your Title _____
	Phone Number _____	Reason for Leaving _____ _____
To  _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Annual Salary

Dates  From  _____	Name of Employer and Address _____ _____ _____	Your Title _____
	Phone Number _____	Reason for Leaving _____ _____
To  _____	Work Performed _____ _____ _____	

Name and Title  
of Supervisor

Final Annual Salary

**SECRETARIAL/CLERICAL APPLICANTS ONLY:**

If you have applied for a Secretarial/Clerical position, please complete the following skills list:

Typing (yes or no): \_\_\_\_\_ wpm: \_\_\_\_\_ Length of Time Studied: \_\_\_\_\_

Bookkeeping (yes or no): \_\_\_\_\_ Length of Time Studied: \_\_\_\_\_

Filing (yes or no): \_\_\_\_\_

Office Machines Operated (Fax, Scanner, Calculators, etc.): \_\_\_\_\_

Computer Skills (check all that apply):

List Software Applications Used:

Word Processing \_\_\_\_\_

\_\_\_\_\_

Spreadsheet \_\_\_\_\_

\_\_\_\_\_

Database \_\_\_\_\_

\_\_\_\_\_

Desktop Publishing \_\_\_\_\_

\_\_\_\_\_

**FOOD SERVICE APPLICANTS ONLY:**

1. List any special training or certification in food service: \_\_\_\_\_

\_\_\_\_\_

2. Have you had any experience in the preparation or service of large quantities of food? \_\_\_\_\_

\_\_\_\_\_

3. Describe that related experience: \_\_\_\_\_

\_\_\_\_\_

**MAINTENANCE/CUSTODIAL APPLICANTS ONLY:**

Place an X next to the work you have successfully performed:

Cleaning \_\_\_\_\_ Carpentry \_\_\_\_\_ Bricklaying \_\_\_\_\_

Dusting \_\_\_\_\_ Plumbing \_\_\_\_\_ Cement finishing \_\_\_\_\_

Wash windows \_\_\_\_\_ Steam fitting \_\_\_\_\_ Concrete Work \_\_\_\_\_

Drive truck \_\_\_\_\_ Electrical work \_\_\_\_\_ Machinist \_\_\_\_\_

Truck mechanics \_\_\_\_\_ Refrigeration \_\_\_\_\_ Window shade \_\_\_\_\_

Truck body work \_\_\_\_\_ Sheet metal work \_\_\_\_\_ Roofing work \_\_\_\_\_

Grass cutting \_\_\_\_\_ Plastering \_\_\_\_\_ Other: \_\_\_\_\_

Gardening \_\_\_\_\_ Painting \_\_\_\_\_ \_\_\_\_\_

Additional Related Training and Experience: \_\_\_\_\_

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**COACHING APPLICANTS ONLY:**

If you have applied for a coaching position, please answer the following questions:

1. Please list what sport(s) you have played and/or coached and at what level:

<u>Sport</u>	<u>Player/Coach</u>	<u>Level</u> (Junior High, Senior High, College)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you have any restrictions on your availability to practice after school (3:15 p.m.) due to full-time employment? Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VAN DRIVER APPLICANTS ONLY:**

If you have applied for a van driver position, please answer the following questions:

1. List previous employment driving experience (vehicle type & employer):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List any moving violation, convictions within the last five (5) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List any restrictions on your driver's license:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List classes of licenses and commercial endorsements currently in effect:

PA Driver's License	Yes _____	No _____
Commercial Endorsements		
Passenger	Yes _____	No _____
School Bus	Yes _____	No _____
Other	_____	

**INSTRUCTIONAL AIDE/LUNCHROOM MONITOR APPLICANTS ONLY:**

Do you have any experience(s) in working with groups of children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", list below:

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Do you have any computer/technology training? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please describe:

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**REFERENCES**

Do not include relatives. References should include people who have first-hand knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

Name	Position	Address	Telephone

**OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

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**GENERAL BACKGROUND INFORMATION**

You must give complete answers to all questions. If you answer “Yes” to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of “nolo contendere” (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18<sup>th</sup> birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

<p>Were you ever convicted of a criminal offense?      ___ Yes    ___ No</p>	<p>Have you ever forfeited bond or collateral in connection with a criminal offense?                                   ___ Yes    ___ No</p>
<p>Are you currently under charges for a criminal offense?      ___ Yes    ___ No</p>	

Within the last ten years, have you been fired from any job for any reason?

\_\_\_ Yes    \_\_\_ No

Within the last ten years, have you quit a job after being notified that you would be fired?

\_\_\_ Yes    \_\_\_ No

Are you subject to any visa or immigration status which would prevent lawful employment?

\_\_\_ Yes    \_\_\_ No

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Note: If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

**ACT 34 COMPLIANCE (Background Check of Prospective Employees)**

Each Pennsylvania resident must submit with his/her employment application a copy of a report of Criminal History Record Information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police Central Repository contains no such information relating to that person. Each out-of-state applicant must submit with his/her application for employment a copy of a federal criminal record history from the Federal Bureau of Investigation. The criminal record history report must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

**ACT 151 (PA Child Abuse History Clearance)**

Each candidate must submit with his/her employment application a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

**CERTIFICATION AND RELEASE AUTHORIZATION**

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 Wyomissing Area 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. However, I do not authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. 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, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate (in ink)  
(must be original)

*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. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.*