

STO-ROX SCHOOL DISTRICT

Employment Application

600 Russellwood Avenue
McKees Rocks, PA 15136
(412) 771-3213

Position or Job Classification Desired:					
Last Name		First		M.I.	Current Date
Street Address				Apartment/Unit #	
City		State		Zip Code	
How Long have you lived at your present address?		If less than 5 years, list previous address			
Home Phone			Cell Phone		
Email			Social Security #		

EMERGENCY REFERRAL			
#1 Emergency Contact		Phone#	
Address of #1 Emergency Contact			
#2 Emergency Contact		Phone#	
Address of #2 Emergency Contact			

GENERAL BACKGROUND INFORMATION		
Have you ever been convicted of a criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently under charges for a criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever forfeited bond or collateral in connection with a criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Within the last ten years, have you been fired from a job for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Within the last ten years, have you quit a job after being notified that you would be fired?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you subject to any visa or immigration status, which would prevent lawful employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation including dates on a separate sheet of paper and attach it to this application. Please print and sign your name on the sheet, and include your social security number. A conviction will not necessarily bar you from employment. Each conviction is judged on its own merits with respect to time, circumstances and seriousness.</i>		

MILITARY SERVICE			
Have you ever served in the Military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what Branch of the Military?
Rank at Discharge			Type of Discharge
If other than honorable discharge, please explain:			

JOB APPLICABILITY

Have you ever worked for the Sto-Rox School District?

YES

NO

If so, when and what was your position?

Are you related to anyone who works or has worked for the Sto-Rox School District?
A relative is defined as a parent, foster parent, parent-in-law, child, spouse, brother, sister, foster brother, foster sister, grandparent, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law, nieces, nephews, uncles, aunts, first cousins, step-relatives, or persons who share residence.

YES

NO

If you do have a relative who works or has worked for Sto-Rox School District, please list the person's name and how you are related.

NAME

RELATIONSHIP

Are you related to a current or former School Board member? *(Please use the definition of a relative as explained above)*

YES

NO

If you do have a relative who is or has been a School Board member for Sto-Rox School District, please list the person's name and how you are related.

NAME

RELATIONSHIP

Please check this box if you are not related to any current or former Sto-Rox employee or current or former Sto-Rox School Board member.

Candidates must be able to perform the essential functions of the position. Are you aware of any reason you would not be able to perform the duties, with reasonable accommodations, required of the position for which you are applying?

YES

NO

If an accommodation is indicated, please explain how you perform the tasks and with what accommodation:

The District's attendance requirements are contained in the labor agreement. Are you able to meet these requirements?

YES

NO

EMPLOYMENT HISTORY (*List your employment record beginning with your present or last employer*) **USE THE LAST SECTION TO LIST THE LONGEST EMPLOYER IF NOT ALREADY LISTED**

EMPLOYER		NAME OF SUPERVISOR	
ADDRESS		TELEPHONE NUMBER	
JOB TITLE/POSITION	REASON FOR LEAVING	DATES EMPLOYED	
		FROM	TO
			FINAL SALARY
May we contact this Employer at this time?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If no, when may we contact them?	

EMPLOYER		NAME OF SUPERVISOR	
ADDRESS		TELEPHONE NUMBER	
JOB TITLE/POSITION	REASON FOR LEAVING	DATES EMPLOYED	
		FROM	TO
			FINAL SALARY

EMPLOYER		NAME OF SUPERVISOR	
ADDRESS		TELEPHONE NUMBER	
JOB TITLE/POSITION	REASON FOR LEAVING	DATES EMPLOYED	
		FROM	TO
			FINAL SALARY

EMPLOYER		NAME OF SUPERVISOR	
ADDRESS		TELEPHONE NUMBER	
JOB TITLE/POSITION	REASON FOR LEAVING	DATES EMPLOYED	
		FROM	TO
			FINAL SALARY

EDUCATION			
NAME OF SCHOOL	CITY & STATE	HOW MANY YEARS	DIPLOMA/DEGREE
<i>High School</i>			
<i>Business/Trade School</i>			
<i>College/University</i>			
<i>College/University</i>			
<i>College/University</i>			

AREAS OF SPECIAL SKILLS (Please check where applicable)

TYPING (WPM) _____	<input type="checkbox"/>	HOUSEKEEPING	<input type="checkbox"/>	FOOD PREPARATION	<input type="checkbox"/>
SHORTHAND (WPM) _____	<input type="checkbox"/>	PAINTING	<input type="checkbox"/>	BAKING	<input type="checkbox"/>
DICTAPHONE	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	RETAIL SALES	<input type="checkbox"/>
FAX MACHINE	<input type="checkbox"/>	WELDING	<input type="checkbox"/>	CASHIER	<input type="checkbox"/>
BOOKKEEPING	<input type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	CHILD CARE	<input type="checkbox"/>
INVENTORY CONTROL	<input type="checkbox"/>	CARPENTRY	<input type="checkbox"/>	CPR/FIRST AID	<input type="checkbox"/>
MICROSOFT OFFICE SUITE (WORD, EXCEL, POWERPOINT, ACCESS, OUTLOOK)	<input type="checkbox"/>	GROUND CARE	<input type="checkbox"/>	MECHANICAL	<input type="checkbox"/>
		OTHER OFFICE EQUIPMENT (PLEASE LIST)	<input type="checkbox"/>	PA DRIVERS LICENSE <i>(List License # and Expiration Date)</i>	<input type="checkbox"/>
OTHER SOFTWARE PROGRAMS (Please list)	<input type="checkbox"/>	MACHINES OR EQUIPMENT (PLEASE LIST)			<input type="checkbox"/>

REFERENCES (LIST AT LEAST 3)

NAME	ADDRESS	OCCUPATION	PHONE

The Sto-Rox School District is an equal opportunity education institution and will not discriminate on the basis of race, sex, religious creed, color, sexual orientation, age, disability, national origin, or limited English proficiency in its activities, programs or employment practices as required by Title VI & VII, Title IX and Section 504. This application will remain active for 12 months.

EMPLOYMENT AGREEMENT

I certify that the information contained herein is accurate and truthful to the best of my knowledge and belief. I hereby authorize the District to investigate any and all statements I have made with the understanding that any misrepresentations may be the cause for dismissal or refusal to employ.

I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

I understand that it is not possible to interview all applicants and that filing an application at the District does not indicate there are positions open or oblige the district in any way.

I further understand that any job offer is conditional on satisfactory results of a post-offer medical examination and inquiry.

I agree to abide by all rules and regulations of the School District.

SIGNATURE: _____ **DATE:** _____