



STO·ROX

SCHOOL DISTRICT

Employment Application

1105 Valley St.

McKees Rocks, PA 15136

412-771-3213

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Basic Information							
Name (Last, First, MI)					Phone Number		
Mailing/Street Address							
City, State, and Zip Code							
Email Address (if applicable)					Position Applying For		
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
I am seeking a:		<input type="checkbox"/> Full-time Job		<input type="checkbox"/> Part-time Job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work per week?					Date available to start:		
Additional Information							
Have you ever been employed by this school district in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had withheld judgement to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please explain:							

Education				
School	Location	Years Completed	Major/Minor	Degree or Diploma
High School				
College or Business/Trade School				
Military				
Have you ever been in the Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Entered
Branch			Discharge Date	

Work Experience

Please begin with your most recent employment. Attach a resume if able.

Company	Supervisor Name	
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Ending Salary
Phone Number	Job Title	
Reason for Leaving		
List the duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience

Please begin with your most recent employment. Attach a resume if able.

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Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Ending Salary
Phone Number	Job Title	
Reason for Leaving		
List the duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Reason for Leaving		
List the duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No

References

Please include name, phone number, and relationship to each person.

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this district terminated.

Signature	Date
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The Sto Rox School District is an equal employment opportunity education institution and will not discriminate on the basis of race, sex, religion, color, sexual orientation, age, disability, or national origin in its activities, programs, or employment practices as required by Title VI, Title VII, and Section 504. This Application will remain active for 12 months.

Employment Agreement	
<i>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>	
<i>I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.</i>	
<i>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>	
<i>I further understand that any job offer is conditional on satisfactory results of a post-offer medical examination and inquiry.</i>	
<i>I agree to abide by all rules and regulations of the School District.</i>	
Signature	Date

Can you perform the essential duties of this job with or without reasonable accommodations?

Yes

No

***ADA Reasonable Accommodation paperwork will be given upon request. ***