



LACKAWANNA TRAIL SCHOOL DISTRICT

Non-Professional Job Application

DATE _____

Lackawanna Trail School District is an equal opportunity employer. Lackawanna Trail School District does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete all fields.

APPLICANT INFORMATION

First Name _____ Middle Name _____ Last Name _____

Address _____

Previous Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Position (s) Applied for _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? Yes No (If no, you may be required to provide authorization to work.)

Were you previously employed by the School District: Yes No

Regular Employment: Yes No Daily Substitute: Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

List any special qualifications and skills you possess that will benefit you in performing this job for which you are applying :

EMPLOYMENT DESIRED

Position Applied for _____

Date you can Start _____ Hourly rate/Salary Desired _____

Are you currently employed? Yes No

If so, may we inquire of your present employer Yes No

EMPLOYMENT HISTORY

Name and Address of Employer _____

Position Held _____

Name of Supervisor _____

Dates Employment (from/to) _____

Type of Job Performed _____

Reason for Leaving _____

May we contact this Employer Yes No

Name and Address of Employer _____

Position Held _____

Name of Supervisor _____

Dates Employment (from/to) _____

Type of Job Performed _____

Reason for Leaving _____

May we contact this Employer Yes No

Name and Address of Employer _____

Position Held _____

Name of Supervisor _____

Dates Employment (from/to) _____

Type of Job Performed _____

Reason for Leaving _____

May we contact this Employer _____ Yes _____ No

REFERENCES

References should include people who have first-hand knowledge of you and your qualifications. Please do not include people who are related to you.

Name	Address, Phone, Email	Company	Years Acquainted

Please read carefully before signing

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Lackawanna Trail School District to hire me. If I am hired, I understand that either Lackawanna Trail School District or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Lackawanna Trail School District has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Lackawanna Trail School District true and complete information on this application. No requested information has been concealed. I authorize Lackawanna Trail School District to contact references provided for employment reference checks.

I hereby certify that all of the information provided by me in this application (or any other details or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission

of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

In consideration for employment with Lackawanna Trail School District, if employed, I agree to conform to the rules, regulations, policies and procedures of Lackawanna Trail School District at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with Lackawanna Trail School District I may be required to submit to a pre-employment medical examination, drug screening, background check, and/or credit check as a condition of employment. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I also understand that as a condition of employment I may be required to obtain clearances as required by the State of Pennsylvania and the Federal Government.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Lackawanna Trail School District and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that I have the right to: Review information provided by current/previous employers. Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer.

ACT 168 SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE: I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Lackawanna Trail School District and/or any of its representatives, agents or vendors and I release all parties from any and all liability for any and all damage that may result from providing such information.

By signing below, I acknowledge that I have read, understand and agree to the above statements.

Date _____ **Signature** _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.