



CLEARFIELD AREA SCHOOL DISTRICT
Administrative Offices
2831 Washington Avenue
Clearfield, PA 16830

NON-PROFESSIONAL APPLICATION

POSITION APPLYING FOR:

- | | |
|--|---|
| ☐ Cafeteria | ☐ Full-time |
| ☐ Clerical | |
| ☐ Custodial/Maintenance | ☐ Part-time |
| ☐ Classroom Assistant | |
| ☐ Personal Care Assistant | ☐ Day-to-day Substitute Worker |

PERSONAL INFORMATION

Last name:				First name:		Middle initial:		Phone:	
Address:				City:		State:		Zip code:	
Are you employed at the present time? Yes ☐ No ☐						Email address:			
Where?				Address:				Phone:	
Are you legally eligible for employment in the United States? Yes ☐ No ☐									
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes ☐ No ☐									
Are you a veteran? (If yes, list type of discharge status.) Yes ☐ No ☐									

EDUCATIONAL BACKGROUND (Schools attended or special training received)

	Name of School	City and State	Date of Degree/Diploma
High School			
College			
Other			

Other training or educational experience- especially that which may be significant to the position sought:

WORK HISTORY (Starting with most recent)			
Employer:	Job Title:	Start Date:	End Date:
Address:	Phone:	Supervisor:	May we Contact? Yes ☐ No ☐
Reason for Leaving:			
Employer:	Job Title:	Start Date:	End Date:
Address:	Phone:	Supervisor:	May we Contact? Yes ☐ No ☐
Reason for Leaving:			
Employer:	Job Title:	Start Date:	End Date:
Address:	Phone:	Supervisor:	May we Contact? Yes ☐ No ☐
Reason for Leaving:			

PROFESSIONAL REFERENCES				
Name	Address	Phone	Occupation	Years Known

THE CLEARFIELD AREA SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EDUCATION INSTITUTION AND WILL NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AND HANDICAP IN ITS ACTIVITIES, PROGRAMS, OR EMPLOYMENT PRACTICES AS REQUIRED BY TITLE VI, TITLE IX, AND SECTION 504.

FOR INFORMATION REGARDING CIVIL RIGHTS OR GRIEVANCE PROCEDURES, CONTACT THE TITLE IX COORDINATOR OR SECTION 504 COORDINATOR AT 2831 WASHINGTON AVENUE, CLEARFIELD, PA 16830, PHONE (814) 765-5511. FOR INFORMATION REGARDING SERVICES, ACTIVITIES, AND FACILITIES THAT ARE ACCESSIBLE TO OR USABLE BY HANDICAPPED PERSONS, PLEASE CONTACT THE TITLE IX AND SECTION 504 COORDINATOR AT (814) 765-5511.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE: _____

DATE: _____