

PALMERTON AREA SCHOOL DISTRICT  
680 Fourth Street  
Palmerton, PA 18071



**ADMINISTRATIVE APPLICATION**

Position: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Why do you wish to leave your current position? \_\_\_\_\_

**TEACHING AND ADMINISTRATIVE EXPERIENCE**  
(Please list most recent first)

Name of School District or Firm/Location	Position	Length of Service	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Position: \_\_\_\_\_

Present Salary \_\_\_\_\_ Salary Desired: \_\_\_\_\_

**EDUCATIONAL AND PROFESSIONAL TRAINING**

Name of Institution	Major Field	Degree/Certification
Graduate School _____	_____	_____
Number of Graduate Hours _____		
Date of Latest Graduate Work _____		
College (Under Graduate)* _____	_____	_____

High School Attended: \_\_\_\_\_ Location: \_\_\_\_\_

\*Please request that an official transcript be submitted to the Human Resources Department. If available, please include an unofficial transcript with your application or credentials.

**OTHER WORK EXPERIENCE**

(Other than professional experiences -- attach sheet if necessary)

Organizations & Locations	Dates		Describe your Duties
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CONFIDENTIAL REFERENCES**

(Include at least three references, including one outside the area of your profession and a current supervisor.)

Name	Position	Address/Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SERVICES AND HONORS**

Community Activities:

Professional Organization Memberships:

Honors Received:

**PROFESSIONAL PUBLICATIONS**

Books:

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Magazine Articles Published:

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Other

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**COMPUTER KNOWLEDGE AND/OR EXPERIENCE**

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Additional Information:

- Candidates should request that their placement office forward a copy of their placement credentials to: Palmerton Area School District, 680 Fourth Street, Palmerton, Pennsylvania 18071, Attention: Thomas McLaughlin, Human Resources. **Please attach any additional information about yourself, your training, and your professional experience which could be helpful in evaluating your candidacy.**
- If you are offered a position as an employee of Palmerton Area School District, you will be required to take a physical examination at your expense by your physician. In accordance with State and Federal law, reasonable accommodations will be considered upon employee request.
- In compliance with Act 34 of 1985, applicants must submit a copy of Form SP4-164, **Request for Criminal History Record Information**, processed by the PA State Police no earlier than one year prior to the date of application; **Fingerprint Record** dated within one year. Original documents must be submitted prior to Board approval. Candidates without current Act 34 clearance should request the Criminal History Check right away. Also required is the Act 151 **PA Child Abuse History Clearance** from the PA Dept. of Public Welfare. DO NOT hold this application until the document arrives.
- All new employees will be required to complete the U.S. Immigration and Naturalization Service I-9 form and produce proof of citizenship or identity and work authorization.
- Pursuant to applicable Federal and State laws and regulations, this district does not discriminate on the basis of race, color, religious creed, ancestry, age, sex or national origin in employment practices.

***Please return completed application  
along with supporting data to:***

PALMERTON AREA SCHOOL DISTRICT  
680 Fourth Street  
Palmerton, PA 18071  
Attention: Thomas McLaughlin, Human Resources

*My signature below certifies that to the best of my knowledge, all information provided herein is complete and true. I understand that any misrepresentation of information shall be sufficient cause for rejecting my candidacy, withdrawing any job offer or terminating my employment.*

*I further authorize the employer to investigate my background to verify the information provided, and I release from liability all persons and/or corporations supplying information concerning my background.*

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Date

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Signature