



PALMERTON AREA SCHOOL DISTRICT

680 Fourth Street
Palmerston, PA 18071
610-826-7101

“An Equal Opportunity Employer”

SUBSTITUTE SUPPORT APPLICATION

DATE: _____ POSITION(S): Custodian Cafeteria Secretarial
 Instructional/Non-Instructional Assistant

PERSONAL INFORMATION

Ms. Mrs. Mr.

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE/CONTACT:

Home: _____ Cell: _____ Email: _____

EDUCATIONAL BACKGROUND

Type of Education	Institution Name & Address	Grades/Hours Completed	Diploma/Certificate or Degree Received
High School			
College/University			
Business/Technical/Trade School			

EMPLOYMENT HISTORY

List your three prior places of employment, starting with your present or last place of employment first.

Name and Address of Employer	From/To	Brief Description Of Duties	Salary	Reason for Leaving

Palmerston 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, services, or employment practices as required by Title VI, Title IX, and Section 504. For information regarding civil rights, activities, and facilities that are accessible to an useable by handicapped persons, or grievance procedure, contact the Palmerston Area School District, 680 Fourth Street, Palmerston, PA 18071, 610-826-7101, the Title IX and section 504 coordinator to the Palmerston Area School District.

REFERENCES

Name	Address	Phone

AVAILABILITY

Availability Date: _____

1. Is your availability restricted to a maximum number of days per week or per year?
 Yes No If yes, please state the restriction:

2. Are there any days of the week you will not be available?
 Yes No If yes, please indicate which days you will not be available:
 Monday Tuesday Wednesday Thursday Friday

3. How much advance notification will you need?
 24 hours 12 hours Less than 12 hours

4. In addition to daily substitute assignments, will you be available for:
 Short term continuous assignments Long term continuous assignments?

5. Are there any other considerations that would restrict your availability?
 Yes No If yes, please explain:

SPECIAL SKILLS OR INTERESTS

Clerical/Secretarial position: List office equipment used and specific skills: _____

Custodian position: List equipment used and specific skills: _____

Instructional/Non-Instructional Assistant position: List specific skills: _____

Cafeteria position: List equipment used and specific skills: _____

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ADDITIONAL INFORMATION

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, give details: _____

Minimum salary acceptable: _____

Please include any other information that, in your opinion, would be helpful in our consideration of your application: _____

Prior to Board Approval all employees will secure the following information at the employee's expense:

- 1. Act 34 Criminal History Check**
- 2. Act 151 Child Abuse Clearance**
- 3. Act 114 FBI Fingerprint Background Check**
- 4. School Personnel Health Record/TB Test**

Employment of substitute employees will be IN COMPLIANCE WITH BOARD POLICY 305. No candidate shall be employed until such candidate has complied with all the mandatory state and federal background check requirements and the District evaluated the results of that screening process.

PLEASE READ CAREFULLY (Applicant's certification and Agreement)

I hereby certify that the information set forth in this employment application is true and correct to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

I hereby authorize the school district to make any investigation, for employment purposes, of my personal and/or employment history as it deems appropriate, and further authorize all my previous employers and references to furnish any information concerning my personal character, habits, or employment records and hereby release all such persons and Palmerton Area School District from liability or damage incurred as a result of inquiry and furnish this information.

Applicant's Signature: _____

Date: _____

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