

APPLICATION FOR EMPLOYMENT

TYRONE AREA SCHOOL DISTRICT
 BUSINESS OFFICE
 701 CLAY AVENUE
 TYRONE, PA 16686

Karen R. Raling
 Human Resources

Phone: (814) 684-0710 x. 4142
 Email: krraling@tyrone.k12.pa.us

PERSONAL DATA

Name: _____
Last
First
Middle

Present Address: _____ City: _____ State: _____ Zip: _____

Social Security No: XXX-XX- _____ Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email Address: _____

Date Available for Employment: _____ Resident of Pennsylvania since (month/day/year) _____

EDUCATION

	School or Institution and Location	Degrees, Diplomas Courses, Subjects	Graduated Yes/No
High School			
College			
Other			

EMPLOYMENT

	Position	Full Time	Part Time	Substitute
✓	Coaching			
	Crossing Guard			
	Custodial			
	Daycare			
	Office (Secretarial) – 9 Month			
	Office (Secretarial) – 12 Month			
	Paraprofessional (Classroom)			
	Security			

It is the policy of the Tyrone Area School District not to discriminate on the basis of sex, handicap, race and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 504, and Title VI.
 Please direct questions about this policy to the Superintendent of Schools, at 814.684.0710 Ext. 4123.

Any skills such as typing, shorthand, computer, electrical or mechanical, etc. which might have a direct bearing on the job you are applying for?

Have you worked with us before? ____ Yes ____ No If yes, describe what position/job you held and your reason for leaving.

NOTE: A district test may be administered as a condition of employment.

Please be advised that references from your former/current employers will be solicited, and the submission of your application will constitute authorization to do so.

WORK EXPERIENCE

Name & Address Of Company	Dates Employed	Position	Contact Person
Current: _____ _____	From: ____ To: ____	_____	Name: _____ Phone: _____
Prior: _____ _____	From: ____ To: ____	_____	Name: _____ Phone: _____
Prior: _____ _____	From: ____ To: ____	_____	Name: _____ Phone: _____

PERSONAL REFERENCES

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The information I have provided on this application is true and complete to the best of my knowledge and any falsified information may be justification for my dismissal if discovered at a later date.

Applicant's
Signature: _____ Date: _____

APPLICATION WILL BE KEPT ON FILE FOR TWO YEARS.

REVISED 3/23/2021