

# REYNOLDS SCHOOL DISTRICT

531 Reynolds Road, Greenville, PA 16125

Phone: (724) 646-5501; Fax: (724) 646-5510

District Website: [www.reynolds.k12.pa.us](http://www.reynolds.k12.pa.us)

## SUPPORT STAFF APPLICATION

Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE (OR ALTERNATE NUMBER) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

*Please check position(s) for which you are applying:*

- FOOD SERVICE
- CLASSROOM/INSTRUCTIONAL AIDE
- SECRETARY/CLERICAL AIDE
- CUSTODIAL/CLEANING
- MAINTENANCE
- COACHING/ACTIVITY ADVISOR (*Indicate Sport/Grade Level*) \_\_\_\_\_

I am applying for a position with the District.       Yes       No

I would like to be placed on the daily substitute list, if needed.       Yes       No

**You will be notified if daily substitutes are needed in the area(s) you have indicated.**

**NOTE:** Effective April 1, 2007, three current clearances are required for all new employees: the Pennsylvania State Police Criminal Record Check, the Pennsylvania Child Abuse History Clearance, and the FBI Criminal History Record (fingerprint check).

*Reynolds 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.*

## EDUCATION

High School \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

College/Business School/Technical School \_\_\_\_\_

Years attended \_\_\_\_\_ Degree \_\_\_\_\_

Other education \_\_\_\_\_

---

## PREVIOUS EMPLOYMENT

PLACE	POSITION	DATES	HOURLY PAY

---

## PERSONAL REFERENCES

Please list three people who can be contacted for reference information.

NAME /OCCUPATION	ADDRESS	PHONE NUMBER

---

Please list any other previous experience applicable to the position for which you are applying.

---

---

---

---

---

**Please check all skills in which you have experience or training:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Child Care (home)  | <input type="checkbox"/> Waitress/food service | <input type="checkbox"/> Typing       |
| <input type="checkbox"/> Library work       | <input type="checkbox"/> Tutoring              | <input type="checkbox"/> Computer     |
| <input type="checkbox"/> Arts/crafts        | <input type="checkbox"/> Math skills           | <input type="checkbox"/> Other skills |
| <input type="checkbox"/> Mechanical ability | <input type="checkbox"/> Electrical skills     | _____                                 |
| <input type="checkbox"/> Plumbing           | <input type="checkbox"/> Construction          | _____                                 |

---

May inquiry be made of your previous employers regarding character, qualifications, and record of employment?

Yes \_\_\_\_\_

No \_\_\_\_\_

---

**PLEASE NOTE:** Reynolds School District requires a pre-employment physical examination, evidence of a tuberculosis test within a one-year period prior to employment. Upon employment, Pennsylvania School Code requires that you submit an official Act 151 Child Abuse Clearance from the Department of Public Welfare, an Act 34 Criminal Record Clearance by the PA State Police, and an Act 114 FBI Fingerprint Criminal Clearance through Cogent Systems / PDE.

---

**ASSURANCE:** I swear and certify by my signature that all of the foregoing information supplied by me in this application is true and correct. To the best of my knowledge and belief there are no factual misstatements or misrepresentations. I understand that the penalty for misrepresentation of a fact or facts will be grounds for my immediate dismissal under the provisions of the Pennsylvania School Code of 1949, as amended.

Signature: \_\_\_\_\_

---

**AUTHORIZATION FOR RELEASE OF RECORDS:** I authorize the physician, past and present employers or other associates to disclose any knowledge or information pertaining to my health and employment to the Reynolds School District. I understand that any false or misleading statements may cause termination of my employment.

Signature: \_\_\_\_\_

*\*Note: This application will remain active for one year from date of receipt.*