



REYNOLDS SCHOOL DISTRICT  
 531 REYNOLDS RD.  
 GREENVILLE, PA 16125  
 (724)-646-5500

## SUPPORT STAFF APPLICATION

(FOOD SERVICES, TEACHER'S AIDE, SECRETARY, CUSTODIAN, SUBSTITUTE, PAID COACH ADVISOR)

ALL PRE-EMPLOYMENT REQUIREMENTS MUST BE MET PRIOR TO STARTING EMPLOYMENT

<b>PERSONAL INFORMATION</b>			
FULL NAME:			
ADDRESS:			
DATE OF BIRTH:			
PHONE NUMBER:			
SOCIAL SECURITY NUMBER:			
EMAIL:			
Do you possess the following documents? (Attach Copies) All clearances must be less than one (1) year old.	<b>FBI Criminal History          Record (Act 114)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PA Criminal          History Clearance          (Act 34)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Child Abuse          Clearance          (Act 151)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applying For: _____			

<b>WORK EXPERIENCE: List your last three places of employment.</b>		
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
1.		
2.		
3.		

<b>EDUCATION:</b>		
<b>NAME</b>	<b>ADDRESS</b>	<b>Years Completed</b>
Elementary:		
High School:		
College:		
Other:		

Other information regarding talents/skills/experiences:

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<b>REFERENCES:</b>		
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
1.		
2.		
3.		

**Note:** This application is not complete without a signature below. This signature certifies that to the best knowledge and belief of the applicant, the information provided herein is complete and true and gives the school district the right to obtain information about the background of the applicant and to review all references and credentials.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

(Instructions: Please print or type and return the completed application to Rose Lyons located in the Central Administration Offices at Reynolds Junior- Senior High School.)

Please note Reynolds School District requires a pre-employment physical examination, evidence of a tuberculosis test within a one-year period prior to employment.

I authorize the physician, past and present employers to disclose any knowledge or information pertaining to my health and employment to the Reynolds School District. I understand any misleading statements may cause termination of my employment.