

**CARLYNTON SCHOOL DISTRICT**  
**OFFICE OF THE SUPERINTENDENT**  
435 Kings Highway, Carnegie, PA 15106  
412-429-8400

*(An Equal Opportunity Employer)*

**APPLICATION FOR CLASSIFIED EMPLOYEES**

*(Please COMPLETE DIGITALLY or PRINT in INK)*

Name \_\_\_\_\_  
Last Maiden First Middle

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PRESENT ADDRESS:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**PERMANENT ADDRESS:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**PREFERRED ASSIGNMENT:** *(Check all that would be of interest)*

☐ Secretary ☐ Teacher Aide/Paraprofessional ☐ Lunchroom/Playground Aide

☐ Custodian ☐ Maintenance Worker ☐ Cafeteria Worker

☐ Other, Please specify: \_\_\_\_\_

Date available for assignment: \_\_\_\_\_

Type of assignment: ☐ Full time work ☐ Day-to-Day Substitute

## EDUCATIONAL BACKGROUND

	Name of School	City/State	Grad. Date	Course of Study Major/Degree
Elementary				
High School				
College				
Business				
Trade School				

## EMPLOYMENT RECORD: *(Current or most recent first)*

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Position /Title \_\_\_\_\_

State briefly your reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Position /Title \_\_\_\_\_

State briefly your reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Position /Title \_\_\_\_\_

State briefly your reason for leaving \_\_\_\_\_

## APPLICATION DATA: *(Please limit responses to the space provided for each question)*

1. If applying for a secretarial position, please answer the following questions:

a. Typing ability/words per minute? \_\_\_\_\_

b. Do you have computer experience? ☐ Yes ☐ No

List computer skills/ software program knowledge: \_\_\_\_\_

\_\_\_\_\_

Spreadsheet Skills: \_\_\_\_\_

Database Programs: \_\_\_\_\_

c. Have you had training/experience in payroll work? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

- d. Do you have experience in purchasing, invoicing or buying? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

2. If you are applying for a teacher aide/paraprofessional position, please answer the following:

- a. Have you done volunteer work of any kind? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

- b. Can you type and are you familiar with a computer? ☐ Yes ☐ No

- c. Please indicate the area in which you would prefer to work and assist:

- |   |  |
|---|--|
| <input type="checkbox"/> Regular Education      | <input type="checkbox"/> Learning Support  |
| <input type="checkbox"/> Physically Handicapped | <input type="checkbox"/> Attention Deficit |

3. If applying for a custodial or maintenance position, please answer the following questions:

- a. Do you have experience with plumbing? ☐ Electrical? ☐ Carpentry? ☐

Please describe extent of experience: \_\_\_\_\_

\_\_\_\_\_

4. If applying for a cafeteria position, please answer the following questions:

- d. Do you have training/experience in food preparation or serving food? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**REFERENCES:**

List two references that would best be able to evaluate your abilities in terms of the position for which you are applying. Also list two character references on the next page.

PLEASE NOTE: Failure on the part of the applicant to complete the references segment will result in the rejection of this application.

**WORK REFERENCES:**

Name	Position	Address	Phone	Company/Organization

**CHARACTER REFERENCES:**

<b>Name</b>	<b>Position</b>	<b>Address</b>	<b>Phone</b>	<b>Company/Organization</b>

**IMPORTANT**

Applicants must comply with the requirements of Act 34, Section III, requiring a background check of criminal history. A physical examination will be required by a licensed physician after employment, but a tuberculosis evaluation must be submitted with the application. Applicants must submit proof of citizenship, i.e., driver's license, social security card, birth certificate, etc.

No questions contained in this application were designed to secure racial, religious, or other discriminating information. Applicants who believe a question requires an answer of racial, religious, or other discriminatory nature may choose not to answer that specific question. A copy of the Carlynton School District Nondiscrimination Policy is available in the Office of the Superintendent.

I declare that the information in this application is true and complete to the best of my knowledge, and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_