



HOLLIDAYSBURG AREA SCHOOL DISTRICT  
 405 Clark Street  
 Hollidaysburg, PA 16648  
 Phone (814) 695-5585; Fax (814) 695-2315  
 www.tigerwires.com  
**APPLICATION FOR EMPLOYMENT**

**PERSONAL DATA**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

May we contact you at work: \_\_\_\_\_ Yes \_\_\_\_\_ No Work Telephone: \_\_\_\_\_

If you are under 18 years old, can you furnish a Work Permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible to work in The United States: \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(Proof of employment eligibility will be required upon employment.)*

How did you find out about this position? Please specify name.  
 Newspaper \_\_\_\_\_ Employee \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT STATUS**

Are you under contract for the ensuing year? \_\_\_\_\_ Date you could begin employment \_\_\_\_\_

Is your current employer aware of this application? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

Position(s) desired: \_\_\_\_\_

Annual salary expected: \$ \_\_\_\_\_

Have you ever applied to this school district before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by this school district before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ Under another name? (list) \_\_\_\_\_

Would you prefer \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ substitute

Specify available days and hours for part-time or substitute:

Are you willing to work: evenings \_\_\_\_\_ yes \_\_\_\_\_ no; nights \_\_\_\_\_ yes \_\_\_\_\_ no;  
 weekends \_\_\_\_\_ yes \_\_\_\_\_ no; holidays \_\_\_\_\_ yes \_\_\_\_\_ no

List any professional organizations to which you belong: \_\_\_\_\_

Please write a brief paragraph describing the reasons you are applying for this position:

*The Hollidaysburg Area School District is an Equal Opportunity Education institution and will not discriminate in employment or the provision of programs and services to students based on race, color, gender, creed, religion, age, national origin, sexual orientation, or handicap/disability as required by Title VI, IX, and Section 504.*

**We are an EQUAL OPPORTUNITY EMPLOYER, in compliance with the Rehabilitation Act of 1973 and the Americans With Disabilities Act.**

**EDUCATIONAL BACKGROUND**

**INSTITUTION NAME/LOCATION**

HIGH SCHOOL						
COLLEGE/UNIVERSITY	Degree Received	Semester Hours	Your Avg.	Perfect Score	Major Field	Graduation Date
GRADUATE WORK						

List any Scholastic Honors received \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (Begin with your current or most recent experience.)

Organization name, Address & Zip Code	Job title / Duties	From Mo/Yr	To Mo/Yr	Last Salary Recd.	Supervisor Name & Address	Reason for Leaving

**NOTE:** If your employment references are under a name other than indicated on the front of this application, please indicate:

**REFERENCES:**

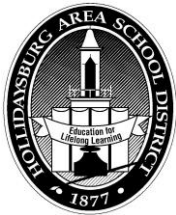
Name / Title	Address / Telephone Number
1.	
2.	
3.	

Have you ever been convicted of a felony?  Yes  No

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. I understand that a condition of employment is the accuracy of the information I have provided.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Administrative Office**  
 405 Clark Street  
 Hollidaysburg, PA 16648  
 (814-695-5585)

**REFERENCE REQUEST**

A copy of this form will be sent to your current/previous or personal/professional reference for them to complete and return to the school district.

APPLICANT AUTHORIZATION: I, \_\_\_\_\_ hereby give permission for release of requested information to the HOLLIDAYSBURG AREA SCHOOL DISTRICT to assist with the evaluation of my eligibility for employment. I release all persons and/or organizations involved from any and all liability associated with the release of this information. I understand that any information obtained will be kept confidential and I waive any right to access such information.

\_\_\_\_\_  
 Applicant Signature Date

If former employment was under another name, please print former name here \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THE DOUBLE LINES  
 COPIES DEEMED AS VALID AS ORIGINALS**

Please complete the requested information and return in the enclosed stamped, self-addressed envelope. Your prompt response will be appreciated.

TO: \_\_\_\_\_

Type of reference:  Employer  Personal

\_\_\_\_\_  
 W. DWIGHT STRAESSER, Dir. of Human Resources  
 HOLLIDAYSBURG AREA SCHOOL DISTRICT

The above applicant has applied for a position as: \_\_\_\_\_

Position previously held: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

How long have you known the applicant and in what capacity: \_\_\_\_\_

Is applicant eligible for rehire:  Yes  No If no, please explain: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING FOR BOTH EMPLOYER AND PERSONAL REFERENCE:

	Excellent	Good	Fair	Poor	Unable to Evaluate
Job Knowledge	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Honesty	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Do you recommend for employment:  Yes  No

Additional Comments (for Personal References-use back of form): \_\_\_\_\_

PERSON COMPLETING REFERENCE FORM:

\_\_\_\_\_  
 Name (Signature) Title Date