

KARNS CITY AREA SCHOOL DISTRICT
1446 Kittanning Pike
Karns City, PA 16041

NON-INSTRUCTIONAL PERSONNEL APPLICATION

Date: _____

Name _____				
Last	First	Middle Initial		
Address: _____				
Street	City	State	Zip Code	
Telephone Number (____) _____				

<u>Check position(s) desired:</u>		
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Food Services	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Custodial	<input type="checkbox"/> Lunchroom Aide	<input type="checkbox"/> Paraprofessional (Aide)
Are you interested in working as a substitute in one or more of the above categories? _____		
If yes, which one(s)? _____		
Seeking:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Have you ever worked for the Karns City Area School District? _____ If yes, when? _____		
Date of Availability _____		

THE KARNS CITY AREA SCHOOL DISTRICT COMPLIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 AND PUBLIC LAWS 90-202 WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE OR PHYSICAL HANDICAP. THE KARNS CITY AREA SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.

INSTRUCTIONS: Complete the following carefully. You may include additional attachments to supplement this application, but you must provide answers to each appropriate section of this application.

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	LOCATION	DATES ATTENDED	COURSE TAKEN	GRADUATED? (YES OR NO)
HIGH SCHOOL					
COLLEGE					
BUSINESS/TRADE SCHOOL					
OTHER *					

*Including U. S. Military Service

PREVIOUS EXPERIENCE
(List in Present or Last Employer First)

DATE MONTH & YEAR	NAME, ADDRESS AND PHONE # OF EMPLOYER	SUPERVISOR	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

SECRETARY/CLERICAL APPLICANTS ONLY:

Keyboarding/Typing: _____ WPM

Bookkeeping (yes or no): _____

Computer and software knowledge (please list): _____

Additional Studies or Experience (Accounting, Office Management, etc.): _____

FOOD SERVICE APPLICANTS ONLY: Quantity of food service experience (explain detail or responsibility)

Food Preparation: _____

Service-Table/Cafeteria: _____

Cashier: _____

None Do you have any special certificates related to food service? Yes No

If yes, explain _____

These jobs require lifting/carrying of 30-50 lbs. Can you lift/carry 30-50 lbs.? Yes No

Accommodations needed: _____

MAINTENANCE/CUSTODIAL/GROUNDS APPLICANTS ONLY:

Please check the work you have successfully performed:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Dusting | <input type="checkbox"/> Wash Windows | <input type="checkbox"/> Drive Truck | <input type="checkbox"/> Truck Mechanics |
| <input type="checkbox"/> Grass Cutting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Carpentry Work | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Truck Body Work |
| <input type="checkbox"/> Steam Fitting | <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Plastering | <input type="checkbox"/> Sheet Metal Work |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Bricklaying | <input type="checkbox"/> Cement Finishing | <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Mechanist |
| <input type="checkbox"/> Window Shade | <input type="checkbox"/> Roofing | <input type="checkbox"/> Other _____ | | |

Additional Related Training and/or Experience: _____

PARAPROFESSIONAL APPLICANTS ONLY:

Experience working with children: _____

Age level of children with whom you prefer to work: _____

Experience working with special needs children: _____

JOB RELATED REFERENCES

(Do not include relatives – List people familiar with your training and experience)

Name: _____	Address: _____
Position: _____	
Phone () _____	
Name: _____	Address: _____
Position: _____	
Phone () _____	

PERSONAL RELATED REFERENCES

(Do not include relatives – List people familiar with your character)

Name:	Address:
Position:	
Phone ()	

Name:	Address:
Position:	
Phone ()	

CERTIFICATION

1. I authorize investigation of all statements contained in this application, and I certify that any and all information which I have set forth in this application is true and accurate to the best of my knowledge.
2. I recognize that misrepresentation or omission of facts requested is cause for dismissal.
3. I understand that I must submit a Report of Criminal Record (Act 34), a Child Abuse History (Act 151), and a FBI Fingerprint Clearance (Act 114) upon any offer of employment.
4. I understand that all new employees are required to have a physical examination and successfully pass a drug screening prior to the beginning of their duties.
5. The position holder must be able to perform the essential job functions with or without reasonable accommodations. It is the responsibility of the employee to inform the Director of Personnel of any and all reasonable accommodations that will be required.

Date: _____
Applicant's Signature

APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF ONE (1) YEAR

DO NOT WRITE BELOW THIS LINE

Interview Date: _____ Interviewer: _____
Outcome/Comments: _____