

# PENDLETON COUNTY SCHOOLS

## Application for Employment

### Service (Non-Professional) or Coaching Position

(Please Type or Print)

**I.**  
Name \_\_\_\_\_  
Last
First
Middle
Social Security Number<sup>1</sup>

Present Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Street
Telephone  
City
State
Zip

E-mail Address (if available) \_\_\_\_\_

List, in order of preference, the areas of employment desired:  
 \_\_\_\_\_ Instructional Aide    \_\_\_\_\_ Cook    \_\_\_\_\_ Custodian    \_\_\_\_\_ Paraprofessional  
 \_\_\_\_\_ Maintenance    \_\_\_\_\_ Bus Driver    \_\_\_\_\_ Athletic Coach    \_\_\_\_\_ Secretary

Are you interested in \_\_\_\_\_ Regular Full Time Position    \_\_\_\_\_ Substitute Position    \_\_\_\_\_ Both

Date available for employment \_\_\_\_\_

***If you are applying for Bus Driver Position, please complete Section II of Application, if not go to Section III.***

**II.**  
 Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Operator's License No. \_\_\_\_\_ Chauffeur's License No. \_\_\_\_\_

No. years experience driving \_\_\_\_\_ Car \_\_\_\_\_ Truck \_\_\_\_\_ Bus

Has operator's license ever been revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been involved in a traffic accident in the last three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

(All traffic violations & accidents are on file at State Police Headquarters in Charleston)

If yes, state approximate date and cause \_\_\_\_\_

Do you wear glasses or contact lenses when you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wear a hearing aide? \_\_\_\_\_ Yes \_\_\_\_\_ No.

**III. EDUCATIONAL BACKGROUND**

	School or Institution and Location	Diplomas, Degrees or Credits Earned
<b>High School</b>		
<b>College/Vocational or Trade School</b>		

**If you did not graduate from High School, have you obtained a GED? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Please submit documentation.**

<sup>1</sup> Federal Privacy Act [5 U.S.C. § 552a note] Statement. Authority for requesting social security account numbers: Public School Code of 1949 [24 P.S. § 12-1212, 24 P.S. § 1224] Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the SSAN will result in an applicant not being considered for employment.

**EXPERIENCE** (Present or most recent first)

Dates From _____	Name of Employer and Address _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

Dates From _____	Name of Employer and Address _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

Dates From _____	Name of Employer and Address _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

**REFERENCES**

Name	Position	Address	Telephone

**OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) or any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or vocational training:

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