

Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Perm. Address				Apartment/Unit #			
City			State			ZIP	
Phone			E-mail Address				
Desired Salary							
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a misdemeanor and/or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Check work availability to all that apply	FT <input type="checkbox"/>	PT <input type="checkbox"/>	SUB <input type="checkbox"/>	Custodial Only: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>			

HIGHEST LEVEL OF EDUCATION RECEIVED

School Name			City/State				
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
List Relevant Certifications			License Number:				

REFERENCES

Please list three professional references.

Full Name			Relationship				
Email Address			Phone				
Full Name			Relationship				
Email Address			Phone				
Full Name			Relationship				
Email Address			Phone				

EMPLOYMENT HISTORY			
Employer		Phone	
Address		Supervisor	
Position Held	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone	
Address		Supervisor	
Position Held	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone	
Address		Supervisor	
Position Held	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION	
<p>I certify that my answers are true and complete to the best of my knowledge and that completion of this application does not guarantee employment. If this application leads to employment, I understand that false, omission, or misleading information in my application or interview may result in my release.</p> <p>I authorize Penn Manor School District to contact any and all former and current employers, co-workers, schools, references, and any others deemed necessary to acquire information on my work performance and suitability for employment with Penn Manor School District, and release them for all liability for damage in providing this information. I also release Penn Manor School District from any and all liability which may result from obtaining and making an employment decision based on such information.</p> <p><i>I understand, that should I be recommended for employment that I will fully adhere to the policies and regulations of employment required by Penn Manor School District to include, but not limited to the following: Pennsylvania Criminal Record Check, Pennsylvania Child Abuse History Clearance, and Cogent FBI Clearance through the Department of Education at the cost of the perspective employee. Recommendation for employment is conditional based upon the successful completion of all applicable background checks and a post offer pre-employment physical. I also understand that my employment recommendation is contingent upon School Board approval.</i></p> <p><i>Penn Manor School District is a Drug Free Workplace. Should I be recommended for employment I understand that I am required to successfully pass a pre-employment drug screening test.</i></p> <p>By Signing below I am acknowledging that I understand the above authorization statement.</p>	
Signature	Date

**Penn Manor School District
EMPLOYEE SELF-IDENTIFICATION FORM**

Why are you being asked to complete this form?

Completing this form is voluntary, but we hope that you will choose to fill it out. Your answers will be kept private, and will not be used against you in any way. It is our policy to provide equal opportunity to all employees without regard to age, race, ethnicity, color, gender, the presence of a physical, mental or sensory disability, religion, national origin, sexual orientation, military status or any other category protected by local, state, or federal law.

PLEASE PRINT

Your Name

Today's Date

Job Applied For

1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Yes (Skip to question #3)
- No (Go to question #2)

2. What race or races do you consider yourself to be? (Check all that apply)

- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American:** a person having origins in any of the black racial groups of Africa
- Native Hawaiian or other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Somoa, or other Pacific Islands
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
- I do not wish to Self-Identify

3. What is your gender?

- Male
- Female
- I do not wish to Self-Identify

How do I know if I'm a protected veteran?

You are considered to be a protected veteran if one or more of the following categories apply:

Disabled Veterans

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veterans

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veterans

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA:

- I identify as one or more of the classifications of protected veteran listed above.
- I am NOT a protected veteran.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

¹ Executive Order 11246, as amended.

² Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Please contact the Human Resources Office at 717-872-9500

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.