



Oil City Area School District

825 Grandview Road, Oil City, Pennsylvania 16301

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Superintendent

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Director of Special Education

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Business Manager

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Board Secretary

APPLICATION for Educational Support Personnel and Crossing Guard

(please type of print)

POSITION(S) DESIRED _____

Name _____

Last

First

Middle

Social Security Number

Present Address _____ () _____

Street

Telephone

City

State

Zip Code

Permanent Address _____ () _____

Street

Telephone

City

State

Zip Code

List (in order of preference) the position(s) for which you are applying:

1. _____ 2. _____ 3. _____

EDUCATIONAL BACKGROUND

	School or Institution and Location	Major/Minor	Diplomas, Degrees, or Credits Earned	Grade Point Average (if applicable), GPA
High School				
College/University				
College/University				
College/University				

EXPERIENCE (Present or most recent first)

Dates	Name of Employer and Address	Your Title
From: _____ To: _____	_____	Title: _____
	_____	Reason for Leaving: _____
	_____	_____
	Phone No.: _____	_____
	Work Performed: _____	

Name and Title of Supervisor: _____		
Final Yearly Salary: \$ _____		

Dates	Name of Employer and Address	Your Title
From: _____ To: _____	_____	Title: _____
	_____	Reason for Leaving: _____
	_____	_____
	Phone No.: _____	_____
	Work Performed: _____	

Name and Title of Supervisor: _____		
Final Yearly Salary: \$ _____		

Dates	Name of Employer and Address	Your Title
From: _____ To: _____	_____	Title: _____
	_____	Reason for Leaving: _____
	_____	_____
	Phone No.: _____	_____
	Work Performed: _____	

Name and Title of Supervisor: _____		
Final Yearly Salary: \$ _____		

References should include individuals who have first-hand knowledge of your competence and your personal qualifications. If any person(s) listed should be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

Name	Position	Address	Telephone No.

OTHER QUALIFICATIONS

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

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answered "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merit. Your answers will be verified with the appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice, or a magistrate which results in a fine, sentence, or probation.

You may omit: minor traffic violations; offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program.

Were you ever convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever forfeited bond or collateral in connection with a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under charges for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Within the last ten years, have you been fired from any job for any reason: ☐ Yes ☐ No

Within the last ten years, have you quit a job after being notified that you would be fired? ☐ Yes ☐ No

Are you subject to any visa or immigration status which would prevent unlawful unemployment?

☐ Yes ☐ No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach to this application. Please print and sign your name on the sheet and include your Social Security number.

ACT 34 COMPLIANCE (Background Check of Prospective Employees)

Each Pennsylvania resident must submit with his/her employment application a copy of a report of Criminal History Record Information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police Central Repository contains no such information relating to that person. Each out-of-state applicant must submit with his/her application of employment a copy of a federal record history from the Federal Bureau of Investigation. The criminal record history report must be no more than one (1) year old. The applicant must submit the original report prior to employment.

ACT 151 (PA Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance statement contained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be no more than one (1) year old. The applicant must submit the original report prior to employment.

ACT 114 (FBI Federal Criminal History Records for Prospective PA Department of Education)

All prospective employees, including but not limited to administrators, teachers, substitutes, janitors, cafeteria workers, office employees, and crossing guards) of public and private schools, including independent contractors and their employees and bus drivers, who have direct contact with children, must provide to their employer a copy of their PA State Criminal History Background Check and their Federal Criminal History record that cannot be more than one (1) year old.

COMMONWEALTH OF PENNSYLVANIA SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE (under Act 168 of 2014)

The hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children).

OTHER REQUIREMENTS

19 Form (Employment Eligibility Verification – 2 forms of identification, i.e. driver's license and social security card).

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Oil City Area School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information.

Date

Signature of Candidate