



Mount Carmel Area School District

600 West Fifth Street
 Mount Carmel, PA 17851-1897
 Phone: 570-339-1500 Fax: 570-339-5567

APPLICATION FOR EMPLOYMENT

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Cell Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
Title(s) of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by the Mount Carmel Area School District? ____Yes ____No If Yes, list date(s) and job title(s):			
Are you employed now?		If so, may we contact your present employer?	

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			



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Employment History Please provide the following information for your previous employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		
Final Salary:		

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Address:		
Telephone:	Job Duties:	
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Address:		
Telephone:	Job Duties:	
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Final Salary:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		
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Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.



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References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

The Mount Carmel Area School District is an Equal Opportunity Employer. It is the policy of the Mount Carmel Area School District not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

 Signature of Applicant

 Date