



# Mount Carmel Area School District

Bernard Stellar, Superintendent  
600 West Fifth Street

Mount Carmel, PA 17851-1897

Phone: 570-339-1500

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## APPLICATION FOR STUDENT 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		If No, do you have Work Permit? ____ 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	Grade	VoTech Student:	
Mount Carmel Area High School		Yes ____ No ____	
		If yes, what program: _____	

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:	

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

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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.

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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.

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Signature of Applicant

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Date