WATTSBURG AREA SCHOOL DISTRICT
STUDENT CENTERED · FUTURE FOCUSED

SUPPORT STAFF
EMPLOYMENT APPLICATION

10782 Wattsburg Road, Erie, PA 16509

Name: Social Security Number:

Address: Phone Number:

Email Address:

Employment Desired -Please check position you are applying for:

Cafeteria ☐ Support Aide ☐ Educational Aide ☐ Special Education Aide ☐

Custodian ☐ Secretary ☐ Medical Assistant ☐

☐ Please check if you are interested in a substitute position.

EDUCATION

School	Name & Location	Yeas Attended	Date of Graduation	Subjects Studied
Elementary				
High School				
College				

EMPLOYMENT HISTORY
Please give accurate, complete employment history. Begin with the present or most recent employer.

Company Name	Telephone
Address	Employed From to
Supervisor Name	Reason for leaving
Job Duties or Type	

Company Name	Telephone
Address	Employed From to
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Address	Employed From to
Supervisor Name	Reason for leaving
Job Duties or Type	

REFERENCES

List below the names of three (3) people not related to you, whom you have known at least one (1) year.

Name Address Title/Position Phone Number

1.

2.

3.

Pertinent to their background. A report of criminal history record information from the Pennsylvania State Police is required. Prospective employees of the Wattsburg Area School District are required by state law, prior to employment, to furnish certain information. Non-Pennsylvania residents must submit a report of federal criminal history from the Federal Bureau of Investigation. Also required is a child abuse clearance from the Pennsylvania Department of Welfare. In addition, appropriate evidence of U.S. citizenship or right to work will need to be provided. The Wattsburg Area School District will not process any application where the applicant fails to comply with the provisions of the law.

I hereby declare that the information in this application is true and complete to the best of my knowledge and agree that any falsified or intentionally misleading information or deliberate omissions may disqualify me from employment and may be justification for dismissal if discovered at a later date. My signature also signifies my approval for the Wattsburg Area School District to check my references. I understand that any misleading material or incorrect statements may render this application void and could result in termination of employment.

_____ _____

SIGNATURE OF APPLICANT Date

In accordance with existing state and federal laws, the Wattsburg Area School District will employ qualified personnel for all positions without regard to race, creed, color, sex, age, religion, or national origin. Selection of candidates for positions will be made upon the basis of demonstrated capability, competence, and appropriate experience. All Wattsburg Area School District programs are operated in compliance with Title IX regulations regarding sex discrimination, Section 504 regarding disabled persons, and the Americans with Disabilities Act.

H511.340 (8/2011) Position _____

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH

SCHOOL PERSONNEL HEALTH RECORD

I. Patient Information

Last Name | First | MI | Sex | Date of Birth

Social Security Number | Home Telephone | Work Telephone

Mailing Address | Street | City | State | Zip

Usual Source of Medical Care | Physician's Name | Address | Telephone

Emergency Contact – Name | Relationship | Address | Telephone

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given DOSES			BOOSTERS & DATES	
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____		1.	

***** Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	**RESULTS (mm)**		**SIGNATURE**		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ (Attach a copy of the report.)

Other: Date: _____ Results: _____ (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: ☐ No ☐ Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE:

_____

_____

_____

IV. Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain:
Allergies	☐	☐	_____
Asthma	☐	☐	_____
Cardiac	☐	☐	_____
Chemical Dependency	☐	☐	_____
Drugs	☐	☐	_____
Alcohol	☐	☐	_____
Diabetes Mellitus	☐	☐	_____
Gastrointestinal Disorder	☐	☐	_____
Hearing Disorder	☐	☐	_____
Hypertension	☐	☐	_____
Neuromuscular Disorder	☐	☐	_____
Orthopedic Condition	☐	☐	_____
Respiratory Illness	☐	☐	_____
Seizure Disorder	☐	☐	_____
Skin Disorder	☐	☐	_____
Vision Disorder	☐	☐	_____
Other (Specify)	☐	☐	_____

V. Report of Physical Examination (✓)

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches) _____				
Weight (pounds) _____				
Pulse _____				
Blood Pressure _____				
Hair/Scalp				
Skin				
Eyes – Visual Acuity: R _____ L _____				
Eyes – Color Vision				
Ears – Hearing (dB) R _____ L _____				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc…				
Lungs – Adventitous Findings				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her work role? If so, specify _____

_____ _____ _____

Physician Name (Print) Signature of Examiner Date

_____

Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

_____ _____

Signature of Employee Date