



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 _____
Supervisor Name	Reason for leaving
Job Duties or Type	

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

Company Name	Telephone
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

*Wattsburg Area School District does not discriminate on the basis of sex, and prohibits sex discrimination, including sex-based harassment, in any education program or activity that it operates, as required by Title IX of the Education Amendments of 1972, 20 U.S.C. §§1681 et seq., and its regulations, 34 C.F.R. Part 106. The District's full Title IX Notice of Nondiscrimination is located at www.wattsburg.org. Individuals may report concerns or questions to the District's Title IX Coordinator:
Mrs. Rebecca Kelley, Assistant to the Superintendent
Wattsburg Area School District
10782 Wattsburg Rd.
Erie, Pa 16509
814-824-3400 x 4532*

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			BOOSTERS & DATES	
	DOSES				
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: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (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:
