

EMPLOYMENT EXPERIENCE

List most recent employment first

Name of Company or Organization _____

Company Address _____

Job Title _____

Name of Supervisor or Immediate Superior _____

Dates employed: From _____ To _____ Final salary or hourly wage _____

Reason for Leaving _____

Name of Company or Organization _____

Company Address _____

Job Title _____

Name of Supervisor or Immediate Superior _____

Dates employed: From _____ To _____ Final salary or hourly wage _____

Reason for Leaving _____

Name of Company or Organization _____

Company Address _____

Job Title _____

Name of Supervisor or Immediate Superior _____

Dates employed: From _____ To _____ Final salary or hourly wage _____

Reason for Leaving _____

If additional space is required, attach separate sheet.

WORK REFERENCES

(List 2; include individuals who have supervised or can comment on your work performance)

Name	Address	Telephone Number

A **physical exam** (including a Tine Test), **Criminal History Check**, **Pennsylvania Child Abuse History Clearance** and **Federal Criminal History Record** will be required at your expense prior to employment.

READ CAREFULLY BEFORE SIGNING

I authorize the verification of all references and information contained in this application, and hereby declare that the information given by me in this application is true and complete. I understand that any misinterpretation, falsification, or omission will be sufficient cause for cancellation of the application or discharge if I have been employed.

_____ Date

_____ Applicant's Signature

This application becomes the property of the Phoenixville Area School District upon receipt in the Human Resources Office. It must be dated and signed to be considered. The application will be kept active until the opening of the next school year. It must be renewed and data updated by written request to remain in the active file.