## LACKAWANNA TRAIL SCHOOL DISTRICT

PO BOX 85, FACTORYVILLE, PA 18419

Non-Professional Application

·					_ Date	e
Addres <u>s</u>		S:	S#			
		Pho	one			
Email						
Previous Addres	S					
	Street	City		State		Zip
Position(s) Appl	ied For					
Permanent Worl	k: Yes -or- No	Daily Substitu	ute:	Yes -or- N	No	
Were you previously employed by the School District?		Yes -or- No		If Yes, When	າ?	
are applying:						
<b>EDUCATION</b> School	Name & Address of School:	Course of Study:		Circle Last Year Comple	eted:	Year Graduated:
School		Course of Study:		Year Comple	eted:	Year Graduated:
School					eted:	
School	of School:			Year Comple	eted:	
School Elementary	of School:			Year Comple 5 6 7 8		Graduated:
School Elementary	of School:			Year Comple		
School Elementary	of School:			Year Comple 5 6 7 8		Graduated:
School  Elementary  High School	of School:	Study:		Year Comple 5 6 7 8		Graduated:
EDUCATION School Elementary High School College	of School:	Study:		Year Comple  5 6 7 8  9 10 11 1		Graduated:

EXPERIENCE (Begin with present position and work back)						
Name and Address of Employer						
Name of Supervisor						
Date of Employment (from/to)						
Type of Job Performed						
Name and Address of Employer						
Name of Supervisor						
Date of Employment (from/to)						
Type of Job Performed						
Name and Address of Employer						
Name of Supervisor						
Date of Employment (from/to)						
Type of Job Performed						
Type of dob'r enormed						
PERSONAL REFERENCES	(Not former employers or rel	latives)				
Name	Occupation	Address	Phone			
1.						
2.						
3.						
For Office Use Only:						
Interviewer:			Interview Date:			
Comments:						
Employed at Board Meeting of:			Start Date:			
Assigned to Building:						
Enrollment Dates - Health Insuran		Retirement:				
Township or Municipality of Resid	ence:					
Clearances on file:		Date Completed:	**MUST BE WITHIN 1 YEAR OF			
FALSE Child Abuse History Clearan	ice		DATE OF APPLICATION			
FALSE PA State Police Criminal Bac	okaraund Charle					