

Lake-Lehman School District

www.LLSD.org

PO Box 38

Lehman, Pennsylvania 18627

Phone (570) 675-2165

Fax (570) 675-5148



Application for Employment

Name: _____ Date: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Address: _____

Position Desired: _____

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### This Space For Office Use Only

Date Interviewed:

Remarks:

## Personal Information

### Education

| High School | Address | Course of Study |
|-------------|---------|-----------------|
|             |         |                 |
|             |         |                 |

| College | Semester Hours | Degree | Major/ Minor |
|---------|----------------|--------|--------------|
|         |                |        |              |
|         |                |        |              |

### Work/Coaching Experience

| Previous Employer | Dates of Employment | Position Held |
|-------------------|---------------------|---------------|
|                   |                     |               |
|                   |                     |               |
|                   |                     |               |
|                   |                     |               |
|                   |                     |               |

### References

| Name | Address | Phone Number | Position |
|------|---------|--------------|----------|
|      |         |              |          |
|      |         |              |          |
|      |         |              |          |

**Please state any other information which you feel is important and relevant to the position sought and that you consider important in the consideration of your application.**

**ACT 34 Clearance (PA State Police Criminal Background Check)**

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

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**ACT 114 (Federal Criminal History Record)**

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

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**ACT 151 Clearance (PA Child Abuse History Clearance)**

Each applicant must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

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## CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Lake-Lehman School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

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**Date**

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**Signature of Candidate (in ink)**  
**[Must be original]**

*Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act.*