



# Governor Mifflin School District

10 South Waverly Street  
Shillington, PA 19605  
610-775-1461  
apps@gmsd.k12.pa.us

## APPLICATION FOR ADMINISTRATIVE/SUPERVISORY EMPLOYMENT

(PLEASE TYPE OR PRINT LEGIBLY)

Date of Application \_\_\_\_\_

Position Desired \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement (Please Specify \_\_\_\_\_) \_\_\_\_\_ Relative \_\_\_\_\_ Other  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Friend \_\_\_\_\_ (Please Specify: \_\_\_\_\_)

### Personal Information:

Personal Email Address: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

Phone No. \_\_\_\_\_ Social Security No.\* \_\_\_\_\_  
Number Street City State Zip Code

Have you filed an application here within the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by the Governor Mifflin SD? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Conviction will not necessarily disqualify an applicant from employment)

If yes, explain \_\_\_\_\_

### Availability:

Are you available to work? \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

Date available to start? \_\_\_\_\_

#### If required by the position would you be able to work:

Evening hours (2<sup>nd</sup> or 3<sup>rd</sup> shift)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you available to work overtime if requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Some positions within the Governor Mifflin School District require a valid driver's license.

Can you meet this requirement if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Federal Privacy Act [5 U.S.C.§552A NOTE]Statement. Authority for requesting social security account numbers: Public School Code of 1949 [24 P.S.§ 12-1212, 24P.S. §1224] Principal Purpose: To verify certification. Other purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide Social Security Number will result in an applicant not being considered for employment. PDE353A (3/20/07)

## Education & Skills:

High School	Name and Address	Did You Graduate Or Hold G.E.D.?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study
College	Name and Address	Did You Graduate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study
Other	List Special Training, Apprenticeship Programs, Technical Schools, Service Schools, Graduate Schools, Etc.	Did You Graduate?	Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Office Skills	List clerical skills:		
Special Skills	List machinery you can operate or training you have received:		
Special Licenses	List job related licenses that you hold, the year issued, and the expiration date:		
Other	List any additional information regarding your training and education:		
Military	Have you served in the U.S. military service or reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, branch of service:		
	Rank at discharge:	Dates of service: From:                      To:	
	List duties and special training received while in the U.S. Armed Forces:		

## Employment Experience:

List each job held for at least the last five years. Start with your present or most current job. If you need additional space, please continue on a separate sheet of paper.

<b>Employer #1:</b>	Dates Employed From:            To:	Hourly Rate/Salary:	Name of Supervisor:
Name: Address:	Work Performed:		
Telephone Number:	Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge		
	If Quit or Discharge, Please Explain:		
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employer #2</b>	Dates Employed From:            To:	Hourly Rate/Salary:	Name of Supervisor:
Name: Address:	Work Performed:		
Telephone Number:	Reason For Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge		
	If Quit or Discharge, Please Explain:		
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employer #3</b>	Dates Employed From:            To:	Hourly Rate/Salary:	Name of Supervisor:
Name: Address:	Work Performed:		
Telephone Number:	Reason For Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge		
	If Quit or Discharge, Please Explain:		
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please list the names, addresses and telephone numbers of three professional references not related to you.**

Name	Address:	Telephone Number:
1.		
2.		
3.		

## Veterans:

Do you wish to claim Veterans Preference? (Proof of Honorable Discharge Required) \_\_\_\_\_ Yes \_\_\_\_\_ No

### Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities

Government contractors are subject to Section 402 of the Vietnam Era Veterans' Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

**If you wish to be identified, please sign below.**

\_\_\_\_\_ Disabled Individual      \_\_\_\_\_ Disabled Veteran      \_\_\_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_

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## Agreement:

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Governor Mifflin School District reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. \_\_\_\_\_ (initial)

I hereby authorize the Governor Mifflin School District to thoroughly investigate my references, work records, education, criminal history, and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Governor Mifflin School District, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_ (initial)

I certify that the answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if hired, I will be required to abide by all rules and regulations of the County.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Requirements:

- Letter of Interest
- Resume
- Administrative/Supervisory Application
- Copy of certification issued by the PA Department of Education, if applicable
- College Transcripts (official required upon hire), if applicable
- PA Child Abuse Report (Act 151)
- Criminal Background Report (Act 34)
- Federal Criminal History Registration (Act 114)
- Three letters of recommendation

The Governor Mifflin School District complies with the Drug-Free Workplace Act of 1989

The Governor Mifflin School District is an equal opportunity education institution and will not discriminate on the basis of age, race, color, national origin, sex or handicap in its activities, programs or employment practices as required by Title VI, Title IX, Section 504 and the Age Discrimination Act of 1975. For information regarding civil rights, handicap requirements or grievance procedures, contact Daniel Bulinski, Ed.D., Superintendent, 10 S. Waverly Street Shillington, PA 19607, 610-775-1461.