

Luzerne Intermediate Unit #18

Upon hire, all employees must submit the following documents prior to the start of employment. Please note, all clearances must be current (not more than 1 year old), and a negative Tuberculin test is required.

- 1. Act 34 Clearance
- 2. Act 151 Clearance
- 3. Act 114 Clearance
- 4. Three (3) letters of reference (at least one professional)
- 5. Letter of Interest and Resume
- 6. Tuberculin Test Confirmation



LUZERNE INTERMEDIATE UNIT #18

368 Tioga Avenue, Pennsylvania 18704-5117 Telephone (570) 287-9681

clearances to:

Luzerne Intermediate Unit 18

Submit application and original

Attn: Human Resources 368 Tioga Avenue Kingston, PA 18704-5117 Phone: 570-287-9681 x1048

PART TIME EMPLOYMENT APPLICATION

ast Name First Name		Middle	Social Sec	curity #		
troot Addroop				Social Security #		
Street Address			Home Telephone (Including Area Code)			
City, State, Zip Code			Additional Telephone Number (if applicable)			
Have you ever applied for employment with us?			Email Address			
No Yes When? (Month and Year) Position Desired				Pay Expected		
Apart from absence for religious observances, are you available for full time work?				Will you work overtime, if asked?		
Yes No If not, what hours can you work?				Yes No		
Are you interested in being placed on our Substitute List if you are employed full time? Yes No			When will you be able to begin work?			
If Yes: Long-term Yes No Day to Day Yes No						
Do you have a valid driver's license if the position requires a motor vehicle?			Other special training or skills			
YesNo						
	1	Т		ı		
SCHOOL NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED		DID YOU GRADUATE?	DEGREE/ DIPLOMA	
Elementary						
Secondary				Yes		
				No		
Other School				Yes		
				No		
College or University?				Yes		
				No		
LIST ANY HOBBIES OR II	NTERESTS WHICH WOUL	D BEAR ON T	HIS POSIT	ION		

Please give accurate complete full-time and part-time employment record. Start with present or most recent employment.

Company Name	Telephone (including Area Code)						
Address			Employed (State Month and Year)				
			From:	To:			
Supervisor							
State your job title and briefly describe your duties.							
Company Name	Telephone (including Area Code)						
Address	Employed (State Month and Year)						
			From: To:				
Supervisor			FIOIII.	10.			
State your job title and briefly describe your duties.							
	T						
Company Name			Telephone (including Area Code)				
Address			Employed (State Month and Year)				
			From: To:				
Supervisor							
State your job title and briefly describe your duties.							
PERSONAL REFERENCES (Not former employers)							
Name	Occupation	Address		Telephone			
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I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact in this application shall be considered cause for dismissal.

I authorize you to obtain a report continuing information obtained through personal interviews with my neighbors, friends, acquaintances, or any investigative agency. This report, if obtained, may include information as to my character, general reputation, and personal characteristics. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

SIGNATURE DATE

> **LUZERNE INTERMEDIATE UNIT 18 368 TIOGA AVENUE** P.O. BOX 1649 KINGSTON, PA 18704-0649

AN EQUAL OPPORTUNITY EMPLOYER