

MONROE CAREER & TECHNICAL INSTITUTE

SUPPORT STAFF EMPLOYMENT APPLICATION

Return to:

DIRECTOR
MONROE CAREER & TECHNICAL INSTITUTE
194 LAUREL LAKE ROAD
BARTONSVILLE, PA 18321
FAX: 570-629-9698

Name _____

Home Address _____

Street/P.O. Box

City

State

Zip Code

Telephone (____) _____ Cell Phone (____) _____

E-mail Address _____

Business Address _____

Include Zip Code

Telephone (____) _____ E-mail Address _____

Position(s) applying for _____ Date _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate?	List Diploma or Degree
High			If you have checked YES or GED, you may be asked to provide a copy of your diploma.		
			8 9 10	<input type="checkbox"/> YES	
			11 12	<input type="checkbox"/> NO	
				<input type="checkbox"/> GED	
College			1 2 3 4	<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
Other (Specify)			1 2 3 4	<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	

List below all present and past employment, beginning with your most recent.

I	Name & Address of Company and type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Telephone ()							
II	Name & Address of Company and type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Telephone ()							
III	Name & Address of Company and type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Telephone ()							
IV	Name & Address of Company and type of Business	From Mo./Yr.	To Mo./Yr.	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Telephone ()							

May we contact the employers listed above? Yes No (circle one)

If not, indicate by number which one(s) you wish us not to contact. _____

PLEASE ANSWER: Have you ever been employed where you have had direct contact with children? Yes No (circle one)

If YES, you will be asked to complete a Sexual Misconduct /Abuse Disclosure form for each occupation in which you had direct contact with children.

PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation	Address	Phone Number (include area code)

OTHER INFORMATION

The Monroe Career & Technical Institute is an equal education institution and will not discriminate on the basis of age, race, color, national origin, gender or handicap in its activities, programs or employment practices as required by Title VI, Title IX, Section 504 and the Americans with Disabilities Act.

For information regarding civil rights or grievance procedures, and information regarding services, activities and facilities that are accessible to and usable by handicapped persons, contact the Supervisor of Pupil Services, at 194 Laurel Lake Road, Bartonsville, PA 18321-0066, (570) 629-2001.

Es la política de la Instituto Tecnico y carrera del Condado Monroe de no discriminar a base de edad sexo, incapacidad fisica, raza, color, o origen nacional en cuanto a la ejeccion de sus programas edecativos a practices de empleos requeridos bajo Titulo IX, Seccion 504 y Titulo VI y el Acto de Americanos con Incapacidades.

Para informacion sobre derechos civiles, procedimientos de quejas y informacion respecto a servicios, actividades y las facilidades que son accesibles a y utilizable por personas incapacitadas, contacte al Supervisor de Servicios de Alumno, at 194 Laurel Lake Road, Bartonsville, PA 18321-0066, (570) 629-2001.

APPLICANT – Do not write on this page

FOR INTERVIEWER'S USE ONLY

INTERVIEWER	DATE	COMMENTS

REFERENCE CHECK

REFERENCE	RESULTS OF CHECK