FAIRFIELD AREA SCHOOL DISTRICT Fairfield, PA 17320

APPLICATION FORM FOR SUPPORT STAFF, COACHES AND SUPPLEMENTAL POSITIONS

Date	PERSO	NAL DATA						
Name ————————————————————————————————————								
	EDU	CATION						
School Attended								
 Elementary High School Other 		***************************************	(Attach	сору	of D	iploma	or	GED
Name of Firm	RELATED Position	EXPERIENC Dates	<u>E</u>	2		Sal	ary	
2								
3						**************************************		
1	POSITION FOR WHIC	H YOU AR	E APPLYING	3				
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Please list below any	office, computer, or	trade ski	lls you hav	ve:	t de la martina de la mart		To the land and th	-

REFERENCES

				Phone Number				
1.								
2								
3								
	For office use only	<u>:</u>						
(It will be necessary for you to submit with this form the following: Your Original copy of the Act 34 Request for Criminal History Record Information - bring into our Personnel Office for verification. The I-9 Form (Immigration Reform and Control Act) and Worker's Compensation Form must be completed in our office. Please bring with you your driver's license and your original social security number card for completion of this form.							
	Criminal History Ch		Form WC Form	Physical/ _ TB Test				
]	Title IX:							
	The Fairfield Area Schof sex, race, color, cor activities nor in	reed, national orig	not discriminate or deny gin, age or handicap in s tices as defined by:	services on the basis				
2	Citle VI Citle IX Section 504 Dept. of Education		ents 1972					

Fairfield Area School District

4840 Fairfield Road Fairfield, PA 17320 Phone (717) 642-8228

Return Completed Application to:

Superintendent's Office c/o Ms. Charla Acker Fairfield Area School District 4840 Fairfield Road Fairfield, PA 17320 Phone (717) 642-8228