NOTICE!

In order for this application to receive consideration for employment opportunities with LIU #18, the following documents MUST accompany your application:

- 1. Original current Act 34 Clearance *
- 2. Original current Act 151 Clearance *
- 3. Original current Act 114 Clearance *
- 4. Three (3) letters of reference (at least one professional).
- 5. Letter of Interest and Resume.

* In order to meet filing deadlines, if you have NOT submitted applications for clearances or have recently submitted such applications, you may submit copies of the completed clearance applications and copies of the money orders with your employment application. Upon receipt of the results from the respective agencies, you must submit the originals to the Human Resources Department for inspection.

ALL DOCUMENTS MUST BE CURRENT (NOT MORE THAN ONE YEAR OLD) ORIGINAL CLEARANCES WILL BE RETURNED TO YOU.

Luzerne Intermediate Unit #18



Submit application and original clearances to:

LUZERNE INTERMEDIATE UNIT

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

EMPLOYMENT APPLICATION - SUMMER

Luzerne Intermediate Unit 18 Attn: Human Resources 368 Tioga Avenue Kingston, PA 18704-5117 Phone: 570-287-9681 x148

| Last Name | First Name | Midde | Social Security #: |
|--|--|-------|---|
| Street Address | | | Home Telephone (Including Area Code) |
| City, State, Zip Code | | | Business Telephone (if applicable) |
| Have you ever applied for employment with us? No Yes When? (Month | and Year) | | Additional Telephone Number (if applicable) |
| Position Desired | | | Pay Expected |
| Apart from absence for religious observances, are | e you available for full time work? | | Will you work overtime, if asked? |
| Yes No If not, what hours can you | u work? | | Yes No |
| Are you interested in being placed on our Substitu | te 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 | | | |

| 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 INTERESTS WHICH WOULD BEAR ON THIS POSITION

| FOR OFFICE USE ONLY | Act 151 | Date Received: |
|---------------------|------------|----------------|
| | Act 34 | Date Received: |
| | References | Date Hired: |
| | | |

The Luzerne Intermediate Unit extends equal opportunities to all individuals without discrimination of race, color, age, creed, sex, national origin, handicap or disability. Greg Koons, ADA Coordinator, Title IX and Section 504 Coordinator. 570 287-9681

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

| Company Name | Telephone (including Area Co | ode) |
|--|---------------------------------|------|
| Address | Employed (State Month and Year) | |
| | From: | To: |
| Supervisor | | |
| | | |
| State your job title and briefly describe your duties. | | |
| | | |

| Telephone (including Area Code) |
|---------------------------------|
| Employed (State Month and Year) |
| From: To: |
| |
| |
| |
| |
| _ |

| Telephone (including Area Code) |
|---------------------------------|
| |
| Employed (State Month and Year) |
| From: To: |
| |
| |
| |
| |
| |

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 KINGSTON, PA 18704-5117