NORTHERN LEHIGH SCHOOL DISTRICT

1201 Shadow Oaks Lane Slatington, PA 18080

APPLICATION FOR NONTEACHING POSITION

Date Phone Number							
Indicate all positions in which you have an interest: Full Time Part Time Substitute							
Secretarial Cafeteria LPN	☐ Custodian ☐ Maintenance ☐ Game Worker		Coaching Position: School Police Officer Volunteer				
Aide (5 hr) Indicate building(s) in which you are willing to work in:							
All Buildings	Senior High	Middle School	☐ Slatington Elem	. Peters Elem			
1. Name(Last)	(First)	(Middle)	Social Securit	y #			
Address							
2. Special Skills (related to the position(s) for which you are applying)							
3. Are you a U.S. citizen or an alien lawfully authorized to work in the U.S.? (Proof of citizenship or employment authorization must be supplied before hiring.). Yes ☐ No ☐							
 Please include a handwritten statement with this application indicating why you are interested in and qualified for a position with Northern Lehigh School District. 							
 Applicants must submit a copy of Act 151 - PA Child Abuse History Clearance, Act 34 – PA Criminal History Record Check, Act 114 – FBI Finger Print Record. (Clearances are valid for one year from date of issuance). 							
6. Work Related References							
FULL NAME	ADDRESS	P	HONE NUMBER	OFFICIAL POSITION			

7. Educational History			
EDUCATION	INCTITUTION	LOCATION	

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EDUCATION .	INSTITUTION	LOCATION	TYPE OF DIPLOMA/ DEGREE CERTIFICATION
High School			
Undergraduate Colleges			
Business, Technical or Trade School			
3. List previous employment, seleave any time periods vaca		ast position. Show name and a	nddress of employers. Do not
EMPLOYMENT	POSITION	ORGANIZATION NAME AND ADDRESS	SALARY RECEIVED
If you are offered a position physical form including the		I District you will be required to	submit a current completed
10. I would be available to be	gin work on		(Date).
	presentation of information sl		I herein is complete and true. I cting my candidacy, withdrawing
	s, causes of action, and liabili	ground, now or in the future, to ty all persons and/or corporation	verify the information provided, ons supplying or receiving
Date	Sic	gnature	

NOTE: If you need assistance to complete this application, please contact the appropriate District Office Administrator.