

Gateway School District

9000 Gateway Campus Boulevard
Monroeville, PA 15146
412-373-5713

TEACHER AIDE APPLICATION

NAME

Last

First

Middle Initial

ADDRESS

PHONE

SOCIAL SECURITY NUMBER

_____ -- _____ -- _____

This is to certify that the information I furnished is accurate and truthful to the best of my knowledge and belief. I hereby authorize the Gateway School District to investigate any or all statements I have made with the understanding that any misrepresentation may be considered cause for refusal to employ or dismissal of employment.

DATE

SIGNATURE

GATEWAY SCHOOL DISTRICT
Non-Discrimination Policy

Gateway School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, age and handicap in its activities, programs or employment practices as required by Title VI, Title IX, Section 504 and further, with the Pennsylvania Human Relations Act. For information regarding civil rights or grievance procedures, contact the Title IX Coordinator or the Section 504 Coordinator, at 9000 Gateway Campus Boulevard, Monroeville, PA 15146, (412-372-5300). For further information regarding services, activities and facilities that are accessible to and usable by handicapped person, contact the School Board Secretary (412-372-5300).

Note: For any individual who is print impaired, the Non-Discrimination Policy is available in cassette format. If you know of anyone who needs this service contact the School Board Secretary (412-372-5300).

EDUCATION

	School/Institution	City/State	Years Attended	Major Area
High School	_____	_____		
Business School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

WORK EXPERIENCE (begin with most recent position)

1. Position Title _____ Dates (month/year) From _____ To _____

Employer's Name and Address _____

Immediate Supervisor _____ Type of Business _____

Reason for Leaving _____

2. Position Title _____ Dates (month/year) From _____ To _____

Employer's Name and Address _____

Immediate Supervisor _____ Type of Business _____

Reason for Leaving _____

3. Position Title _____ Dates (month/year) From _____ To _____

Employer's Name and Address _____

Immediate Supervisor _____ Type of Business _____

Reason for Leaving _____

PERSONAL DATA

Have you ever been discharged from employment? Yes _____ No _____

If Yes, please explain. _____

Are you willing to abide by the School Board policies and administrative regulations of the Gateway School District? Yes _____ No _____

EXPERIENCE WITH ELEMENTARY AGE CHILDREN

Type of Experience	Location of Activity	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any special skills you possess that are applicable to this position, e.g., clerical skills, artistic talent, directing children's activities, etc.

REFERENCES

List three people who are not related to you and who have different knowledge of your qualifications for the position for which you are applying. (Do not repeat names of supervisors listed under Work Experience.)

	Name	Business/Home Address	Business/Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I authorize the Gateway School District to contact all references and employers concerning my qualifications and background except as noted. Please contact me prior to contacting my current employer. Yes _____ No _____

Signature _____

EMPLOYMENT

Are you willing to start as a substitute teacher aide? Yes _____ No _____

STATEMENT

Add any statement that may help to clarify any of the answers to the foregoing questions. You may also add anything which you feel might favorably affect consideration of your application.
