

Reading Muhlenberg CTC SUPPORT STAFF APPLICATION

Last Name	First	Middle
Street	City	State Zip
(Area Code) Telephone		E-Mail Address

Type(s) of Position(s) Sought Custodian Instructional Assistant Maintenance
Secretarial/Clerical Lunch Aide Other

Are you willing to substitute in an area of your choice if no position is open? Yes No

EDUCATIONAL BACKGROUND:

	School Name and Location	Major Course of Study	Diploma, Degree, Credits Earned
High School			
College/University			
Additional Training			

WORK EXPERIENCE (Please list most recent first):

FROM:	Position/Job Title	Name/Address of Employer	Supervisor
To:			
Telephone #	Fax #	Reason for Leaving	Direct contact w/children <input type="checkbox"/> Yes <input type="checkbox"/> No

FROM:	Position/Job Title	Name/Address of Employer	Supervisor
To:			
Telephone #	Fax #	Reason for Leaving	Direct contact w/children <input type="checkbox"/> Yes <input type="checkbox"/> No

FROM:	Position/Job Title	Name/Address of Employer	Supervisor
To:			
Telephone #	Fax #	Reason for Leaving	Direct contact w/children <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK RELATED REFERENCES

Name and Position	Address	Telephone

Are you a U.S. citizen or an alien lawfully authorized to work in the United States Yes No

Are you a U.S. Veteran Yes No

Have you, at any time been convicted of a felony? Yes No

If "YES", please describe: _____

When is the earliest day you can begin work? _____

ADDITIONAL INFORMATION:

If a conditional offer of employment is granted, you will be required to submit the following:

ACT 34 Clearance – PA State Police Criminal Background Check

ACT 114 Clearance – FBI Fingerprinting

ACT 151 Clearance – PA Child Abuse

ACT 126 Clearance – Child Abuse Recognition/Report Training)

ACT 168 Clearance – PA Sexual Misconduct/Abuse Disclosure

I-9 Form – U.S. Immigration and Naturalization Service (proof of citizenship or identity and work authorization)

Physical (including the results of a TB Test that has been completed within 3 months of conditional offer of employment)

My signature below certifies that to the best of my knowledge, all information provided herein is complete and true. I understand that any misrepresentation of information shall be sufficient cause for rejecting my candidacy, withdrawing any job offer, or terminating my employment.

I further authorize Reading Muhlenberg CTC to investigate my background to verify the information provided, and release from all claims, causes of action, and liability all person and/or corporation supplying or receiving information concerning my background.

Signature

Date

Return Application to: Mrs. Tina Delgado
Reading, Muhlenberg CTC
2615 Warren Road
Reading, PA 19604
tdelgado@rmctc.org

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