

Western Pennsylvania School for the Deaf

Human Resources

300 East Swissvale Avenue, Pittsburgh, PA 15218-1469 9 (412) 371-7000 V/TTY

Application for Employment

(Please Type or Print in ink)

Date: _____

Name:

Last _____ First _____ Middle _____

Present Address:

Street _____ City _____ State _____ Zip _____

Home Phone (area code): _____ Other Phone (if available): _____

E-mail Address/Text Pager (if available): _____

Permanent Address:

Street _____ City _____ State _____ Zip _____

Preferred Assignment:

Position applying for: _____ Full time _____ Part time _____ Date Available: _____

Additional Preparation:

Sign Language Training (SLPI level if known), CPR Training, CPI (Crisis Prevention) _____

Other certifications, experiences, skills, or qualifications, which would fit you for work at the Western PA School for the Deaf

Education:

Type of School	Name and Address of School	Major/Minor	Diplomas, Degrees or Credits Earned	Grade Point Average (GPA)
High School				
College/University				
College/University				
Business/Trade School				
Graduate Study				

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development.

Prior Work Experience (List most recent first)

Date Started ____/____/____	Name of Employer and Address _____ _____	Your Job Title _____
	Phone Number () _____	Reason for Leaving _____ _____
Date Ended ____/____/____	Work Performed _____ _____	
Name and Title of Supervisor		Starting Salary \$ _____ Ending Salary \$ _____

Date Started ____/____/____	Name of Employer and Address _____ _____	Your Job Title _____
	Phone Number () _____	Reason for Leaving _____ _____
Date Ended ____/____/____	Work Performed _____ _____	
Name and Title of Supervisor		Starting Salary \$ _____ Ending Salary \$ _____

Date Started ____/____/____	Name of Employer and Address _____ _____	Your Job Title _____
	Phone Number () _____	Reason for Leaving _____ _____
Date Ended ____/____/____	Work Performed _____ _____	
Name and Title of Supervisor		Starting Salary \$ _____ Ending Salary \$ _____

Date Started ____/____/____	Name of Employer and Address _____ _____	Your Job Title _____
	Phone Number () _____	Reason for Leaving _____ _____
Date Ended ____/____/____	Work Performed _____ _____	
Name and Title of Supervisor		Starting Salary \$ _____ Ending Salary \$ _____

Application Data:

- Why do you wish to leave your present position? _____

- Have you previously applied for a position with the Western Pennsylvania School for the Deaf? _____

- How does this position relate to your career aspirations? _____

REFERENCES

Please list five references capable of evaluating your ability to perform the work for which you have applied. References **MUST** include administrators or supervisors that you have reported to at your most recent places of employment. If any person (s) listed should not be contacted for reference at this time, indicate in the left-hand margin the date contact (s) may be made.

1. Name	Company
Business Address	Phone Number
City/State/Zip	Position
2. Name	Company
Business Address	Phone Number
City/State/Zip	Position
3. Name	Company
Business Address	Phone Number
City/State/Zip	Position
4. Name	Company
Business Address	Phone Number
City/State/Zip	Position
5. Name	Company
Business Address	Phone Number
City/State/Zip	Position

ACT 34 COMPLIANCE (PA Criminal Background Check)

Each candidate must submit with the employment application a copy of the Pennsylvania State Police Criminal History Record or a statement from the Pennsylvania State Police that the State Police Central Repository contains no such information relating to that person. The Criminal History Record must be no more than one (1) year old. The applicant **MUST** submit the **ORIGINAL** report prior to employment.

ACT 151 (PA Child Abuse History Clearance)

Each candidate must submit with the employment application a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be no more than one (1) year old. The applicant **MUST** submit the **ORIGINAL** report prior to employment.

FBI Clearance

Each candidate must submit with the employment application a copy of a Federal Criminal Record History from the Federal Bureau of Investigation stating that no record exists. The clearance must be no more than one (1) year old. The applicant **MUST** submit the **ORIGINAL** report prior to employment.

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records. Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? Yes ___ No ___

Are you currently under charges for a criminal offense? Yes ___ No ___

Have you ever forfeited bond or collateral in connection with a criminal offense? Yes ___ No ___

Within the last ten years, have you been fired from any job for any reason? Yes ___ No ___

Within the last ten years, have you quit a job after being notified that you would be fired? Yes ___ No ___

Are you subject to any visa or immigration status which would prevent lawful employment? Yes ___ No ___

Note: If you answered "yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewers before signing. The application will be given consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of WPSD to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans of the Vietnam era, and individuals with a disability, and any other characteristics protected by Federal, State or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired I agree to abide by all of the school rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and without notice, at any time, at the option of either the school or me. I further understand that no representation, whether oral or written by any representative or agent of the school, at any time can constitute a contract of employment. I understand that the school and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the school has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Superintendent, or to make any arrangement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature: _____ Date: _____

It is the policy of the Western Pennsylvania School for the Deaf not to discriminate in its programs of education, employment, and all other activities on the basis of race, color, national origin, ancestry, sex, age, religion, disability, or sexual preference. Any complaints of discrimination should be directed to:

Compliance Officer
Western Pennsylvania School for the Deaf
300 East Swissvale Avenue
Pittsburgh, PA 15218-1469
Telephone: (412) 371-7000 V/TTY; Fax: (412) 244-4223; Website: www.wpsd.org

**WESTERN PENNSYLVANIA SCHOOL FOR THE DEAF
VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL FOR STATISTICAL USE ONLY)**

WPSD is an Equal Opportunity Employer and is subject to certain nondiscrimination recordkeeping and reporting. WPSD does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law. This information will be kept confidential and may only be used in accordance with the provisions of applicable federal laws and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Name _____ Date _____

Race/Ethnicity

Please check the one that describes the race/ethnicity category with which you primarily identify.

_____ Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of ethnicity.

_____ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ Black or African American (Not Hispanic or Latino): A person having origins in any of the black ethnic groups of Africa.

_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ Asian (Not Hispanic or Latino): A person having origins in any of the people of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (Including Central America), and who maintain tribal affiliation or community attachment.

_____ Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races

Please identify where you learned about an employment opportunity with this organization:

_____ Newspaper ad (name of newspaper) _____

_____ Employee referral (Name of employee) _____

_____ Posting on bulletin board

_____ Web site (Name of web site) _____

_____ College placement (Name of college or university) _____

_____ School for the Deaf (Name of School) _____

_____ Career Link

_____ Other (Please describe) _____