THE SCHOOL DISTRICT OF PHILADELPHIA EMPLOYMENT APPLICATION (S-265 Rev. 10/09) (USE SEPARATE APPLICATION FOR EACH POSITION)								FOR OFFICE USE ONLY				
1	POSITION APPLIED FOR (PRINT EXACT TITLE AND NUMBER FROM OPPORTUNITY ANNOUNCEMENT) DATE										SCORE	RANK
2	LAST NAME (PRINT) FIRST NAM		FIRST NAME	M.	I. SOO	SOCIAL SECURITY NO.		TELEPHONE NO. Home: () Work: ()			TIE BROKEN BY	
	HOME ADDRESS		EMAIL		CITY	CITY		STATE	ZIP CO	DE	APPROVE DISAPPROVE CONDITIONAL ADMISSION	
3	ARE YOU A U.S. CITIZEN? YES NO IF "NO", WHAT IS YOUR ALIEN REGISTRATION NUMBER? A OTHER AUTHORIZED WORK PERMIT IN THE U.S. (ATTACH COPY)									Disapproval Letter Sent: / / Date: Initials:		
4											Remarks:	
	NAME AND LOCATION OF SCHOOL	FROM MO/YI		TYPE OF DEGREE OR	DATE RECEIVED	SEMESTER HOUR		MAJOR SUBJECT OR SPECIALIZATION			-	
	HIGH SCHOOL	MO/T	K MO/TK	DIPLOMA				0. 20			-	
	COLLEGE											
	GRADUATE OR PROFESSIONAL											
	TRADE OR BUSINESS										SAD	PPAD
5	CERTIFICATION 8 CURRENT EMPLOYMENT STATUS									PLOYMENT STATUS		
	CERTIFICATE FOR POSITION (ATTACH COPY) TYPE STATE SUBJECT AREA(S) DATE ISSUED							D	ARE YOU CURRENTLY EMPLOYED BY THE SCHOOL DISTRICT OF PHILA.?			
									IF YES, WHAT IS YO			
	OCCUPATIONAL OR PROFESSIONAL L TYPE	PATIONAL OR PROFESSIONAL LICENSE FOR POSITION (ATTACH COPY) TYPE ISSUED BY DATE ISSUED DATE OF EXPIRATION							RATION	TYPE OF APPOINTMENT - CHECK ONE		
6	WORLD LANGUAGE PROFICIENCY LANGUAGE	READ	WRITE SPEA	SPEAK LANGUAGE READ WRITE SPEAK LONG-TERM SUBSTITUTE								
7	REVIOUS EMPLOYMENT WITH THE SCHOOL DISTRICT OF PHILADELPHIA? YES NO THE S							CHOOL DISTRICT OF PHILADELPHIA THE WELCOME CENTER				
	YOUR NAME WHEN EMPLOYED:								N. BROAD STREET - SUITE 111			
	YOUR FORMER POSITION:			FROM:	MO/YR	тс):	MO/YR		PH	ILADELPHIA, PA 19 www.philasd.o	

EMPLOYMENT RECORD							
Begin with your most recent employment and worl appointment was regular, provisional or substitute				ployer, list each s	eparately. Indicate, when applicable, whether the		
NAME OF EMPLOYER AND WORK LOCATION	DATES E	MPLOYED	POSITION TITLE	SALARY	DUTIES AND RESPONSIBILITIES:		
(FOR PHILADELPHIA TEACHING EXPERIENCE, GIVE NAME OF SCHOOL)	FROM MO/YR	TO MO/YR	INDICATE FULL OR PART TIME		YOU CAN BE CREDITED ONLY WITH THE EDUCATION AND EXPERIENCE SHOWN ON THIS APPLICATION		
1. PRESENT							
REASON FOR LEAVING:					-		
2.							
REASON FOR LEAVING:							
3.							
					_		
REASON FOR LEAVING:							
CERTIFICATION AND RELEASE AUTHORIZATION I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.							
I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that may be asked regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to the School District of Philadelphia. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.							
I do not authorize the School District of Philadelphia to check with my current employer.							
protected classification. This policy is in accordance w	ith state and fe the American	ederal laws, ir s with Disabili	ncluding Title VI of the Civil Right Act of 1964, ties Act of 1990 and the Pennsylvania Humar	Title IX of the Edu n Relations Act. In	nal origin, sex, disability, age, religion, ancestry or any other legally ucation Amendments of 1972, Sections 503 and 504 of the Rehabili- formation relative to special accommodation, grievance procedure,		
ALL THREE SECTIONS: A, B, AND C MUST E	BE COMPLE	TED UN	ISIGNED APPLICATIONS WILL NOT E	BE PROCESSE	D.		
A. Were you ever a member of the Public School Employees Retirement System? Yes No Were you ever discharged or asked to resign from a position? If yes, explain: Yes No							
B. Have you ever been convicted of anything other than a minor traffic violation? If yes, explain: Yes No							
C locatify that all antrias on this application are to	the heat of my						

C.	I certify that all entries on this application are, to the best of my knowledge, true and complete.
	I understand that any misstatement of material facts contained in this application may be cause for dismissal.

Date: _

Signature: ____