

GREATER ALTOONA CAREER & TECHNOLOGY CENTER

1500 Fourth Avenue • Altoona, Pennsylvania 16602-3695
 (814) 946-8450 • Fax: (814) 946-8351 • www.gactc.edu



The GACTC prohibits sex discrimination in any education program or activity that it operates. Individuals may report concerns or questions to the Title IX Coordinator and/or view our non-discrimination policy on our website at: <https://www.gactc.edu/about/non-discrimination-policy/>.

APPLICATION FOR EMPLOYMENT

(Please type or print legibly and complete fully.)

P E R S O N A L	Last Name		First	Middle	Date of Application
	Home Address				Home Phone Number
					Daytime Phone Number
	Former Name(s)		Email Address		
	Position Applying For: (You must submit a separate application for each position.)			Full-Time?	Part-Time?
	When would you be available to begin work?		How did you learn about this position?		
	Have you ever been employed by us? If yes, when and what position?				
	Are you eligible for employment in the U.S. ? _____ Yes (An I-9 form will be required upon hire.)				

I hereby certify that the information in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I hereby authorize the employers, school, or persons named as references to give any information regarding my previous employment, character, general reputation, and personal characteristics, whether or not it appears in the records.

If accepted for employment, I hereby agree to abide by the rules and regulations of the school. All information submitted with the application becomes the property of the Greater Altoona Career & Technology Center for the purposes of review and will be kept confidential.

I understand that all required documentation will be submitted upon application and that any other documentation required by the school following employment will be submitted in a timely manner to complete my personnel records.

SIGNATURE OF APPLICANT: _____ Date: _____

E D U C A T I O N	NAME & LOCATION OF SCHOOL	Major	# of Years/ Credits Completed	Did you Graduate?	Degree/Diploma/ Certificate
	Postgraduate*				
	College*				
	Other (Tech School, Trade School, etc.)				
	High School				
*INCLUDE COPIES OF TRANSCRIPTS OF COLLEGE LEVEL AND POSTGRADUATE CREDITS.					

R E F E R E N C E S	LIST FOUR REFERENCES: 2 PERSONAL REFERENCES NOT RELATED TO YOU, AND 2 WORK REFERENCES OTHER THAN YOUR IMMEDIATE SUPERVISOR LISTED UNDER THE EMPLOYMENT SECTION.			
	Name & Address	Work or Personal	Phone Numbers	FOR OFFICE USE ONLY
			Work: Home:	
			Work: Home:	
			Work: Home:	
			Work: Home:	

List most recent or current employer first. Include all full-time and part-time work. Attach separate sheet if necessary.

Applicant may choose to include a resume. Information below must be completed if not included in the resume.

When attaching a resume, applicant must include on the resume a signed statement such as: **“I hereby certify that the information in this resume is true, correct, and complete. If employed, any misstatement or omission of fact on this resume may result in my dismissal.”** (Sign and date your statement on resume.)

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Employer (Company) Name:	Phone #:
Employer Address:	Term of employment From: _____ To: _____
Name of Supervisor:	Annual or Hourly Salary:
Job Title & Duties:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer (Company) Name:	Phone #:
Employer Address:	Term of employment From: _____ To: _____
Name of Supervisor:	Annual or Hourly Salary:
Job Title & Duties:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer (Company) Name:	Phone #:
Employer Address:	Term of employment From: _____ To: _____
Name of Supervisor:	Annual or Hourly Salary:
Job Title & Duties:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer (Company) Name:	Phone #:
Employer Address:	Term of employment From: _____ To: _____
Name of Supervisor:	Annual or Hourly Salary:
Job Title & Duties:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TEACHER/PROFESSIONAL APPLICANTS/TEACHER SUBSTITUTES MUST COMPLETE THE PROFESSIONAL APPLICATION SUPPLEMENT AND INCLUDE IT AS PART OF THIS APPLICATION.

TO BE COMPLETED BY TEACHER SUBSTITUTE APPLICANTS:

What days will you be available to substitute? _____

When would you NOT be available to substitute? _____

In what course areas do you feel you could sub? _____

Are you teacher certified in any of these areas? If so, which ones? _____

COSMETOLOGY SUBSTITUTE APPLICANTS ONLY:

Do you have your Teacher's License? Yes No (You may be asked to provide a copy upon hire.)

TO BE COMPLETED BY ALL APPLICANTS:

What rate of pay do you expect to receive? \$ _____ hourly or \$ _____ annually

Summarize any other special skill/licenses/qualifications acquired through training or employment that would relate to the position for which you are applying:

CLERICAL/COMPUTER APPLICANTS ONLY:

Type(s) of Computer/PC used: (i.e., IBM, Macintosh, etc.) _____

List software you have used: _____

Bookkeeping/Accounting skills? _____

Recent courses/seminars/workshops related to skills that you have completed/attended: _____

MAINTENANCE APPLICANTS ONLY:

Are you willing to work evenings? Yes No Types of mechanical skills: _____

Are you willing to work overtime? Yes No _____

Are you willing to work weekends? Yes No _____

Recent courses/seminars/workshops related to skills that you have completed/attended: _____

*Thank you for completing this application form. Incomplete applications may not be considered.
You may not necessarily receive a response unless there is a vacant position for which you are applying.
Complete applications are kept on file for one year from submission date.*