

REFERENCES		
NAME	ADDRESS	TELEPHONE
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ADDITIONAL INFORMATION		
<p>List any additional information which you believe will assist in arriving at a true estimate of your qualifications for performing the job for which you have applied. Please include any certifications and/or degrees that you have received.</p> <hr/> <hr/> <hr/> <hr/>		

APPLICANT'S STATEMENT

To the best of my knowledge, the information on this application represents a true and complete statement of my qualifications, educational training and work experiences. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that any falsification or omission may disqualify me from employment and may be justification for dismissal if discovered at a later date.

Signature of Applicant

Date



Montrose Area School District operates as an equal opportunity institution and will not discriminate on the basis of race, national origin, religion, gender, marital or family status, age, or disabling condition in its activities, programs or employment practices as required in Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1993, and the Americans with Disabilities Act (ADA) of 1990. For information regarding your rights or grievance procedures, contact Dr. Donald Golden, Title IX and Section 504 Coordinator, 273 Meteor Way, Montrose PA 18801-9447 (570-278-6219).