Selinsgrove Area School District's APPLICATION FOR "SEAL OF EMPLOYABILITY"

Use the following application to apply for the "Seal of Employability." This application should be completed thoroughly with accurate information. To receive the "Seal of Employability," you must meet all criteria including a complete and accurate application. Do not leave any section of the application blank that should be completed. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

Name (Last)	(First)		(Middle		nitial)	Home Telephone	
						() -	
Address (Mailing Address)	(City)	(City)		(Zip)		Other Telephone () -	
E-Mail Address		Are you legally entitled t		work in the U.S.? Yes No			
DUCATION AND TRAINING		_					
High School(s) Attended (List all that may apply)		Graduation Yea		ır Cı		Cumulative GPA	
Clubs, Activities, Athletic Teams				<u> </u>			
VORK EXPERIENCE/RELEVANT JO elevant job experiences are required. The relevant proved experiences.) Employer	nt job experiences m				s, Inter		
Address						,	
Job Title	Supe	ervisor			To	o (Month/Year)	
Specific Duties or Experience	<u> </u>						
					Н	ours Per Week	
Reason For Leaving if Employed			May We	Contact Th	is Emp	loyer? 🗌 Yes 🗌 No	
Employer	Tele	ohone Number () -		Fi	rom (Month/Year)	
Address							
Job Title	Supe	ervisor			T	o (Month/Year)	
Specific Duties or Experience							
					H	ours Per Week	
Reason For Leaving if Employed			May We	Contact Th	is Emp	loyer? 🗌 Yes 🗌 No	
Reason For Leaving if Employed Employer	Tele	phone Number (May We	Contact Th		loyer? Yes No	
	Tele	phone Number (May We	Contact Th			
Employer Address Job Title		phone Number (ervisor	May We	Contact Th	Fi		
Employer Address		,	May We	Contact Th	Fi	rom (Month/Year)	
Employer Address Job Title		,	May We	Contact Th	To	rom (Month/Year)	
Employer Address Job Title		,) -	Contact Th	To	o (Month/Year) ours Per Week	
Employer Address Job Title Specific Duties or Experience Reason For Leaving if Employed SPECIAL SKILLS (List all pertinent skills	Supo	ervisor e you a potential) -	Contact Th	For Total	o (Month/Year) ours Per Week loyer? Yes No	
Employer Address Job Title Specific Duties or Experience Reason For Leaving if Employed	Supo	ervisor e you a potential) -	Contact Th	For Total	o (Month/Year) ours Per Week loyer? Yes No	

LEADERSHIP – Provide a time when you have shown leadership in an organization or school setting. That leadership does not have to be ar officer position. It could be a subtle as leading another student in a group project or helping another student in an after school activity.							
COMMUNICATION – Provide an example of how well you communicate. Try to include both verbal and written communication.							
TEAMWORK – Provide an example of when you have wor was effective.	ked with others to work towards a common goal. E	xplain how working as a team					
RECCOMMENDATIONS (You must get three te	acher endorsements which would support yo	ur employability.)					
Name Printed	Signature	Date					
Teacher 1		<u> </u>					
Teacher 2							
Teacher 3	_						
DISCIPLINE (You must get the Vice Principal's si would prevent you from obtaining the award.) Name Printed	gnature to ensure that you have not had any o	discipline incidents that Date					
Asst. Principal							
certify the information contained in this application is Employability", false statements reported on this app							
DO NOT WRITE BELOW TH	IS LINE – FOR SCHOOL OFFICALS USE C	DNLY					
Completed Application Maximum Absences not exceeded Maximum Tardies not exceeded	GPA Requirement Successful completion of Random Drug Testing 3 Relevant Job Experiences or Part Time Job						
This student has successfully completed the "Seal caward.	of Employability" application and met the requ	uired criteria to receive this					
Signature of School Official		Date					