## SHARPSVILLE AREA SCHOOL DISTRICT 1 BLUE DEVIL WAY SHARPSVILLE, PENNSYLVANIA 16150 PHONE: (724) 962-8300

As an Equal Rights and Opportunities School District, the Sharpsville Area School District does not discriminate against individuals or groups because of race, color, national origin, religion, age, sex, marital status, or nonrelevant handicaps and disabilities. The Sharpsville Area School District's commitment to nondiscrimination extends to students, employees, prospective employees and the community. COMPLIANCE INFORMATION: Title IX & VI—Ms. Carol Houck, 962-7168 and Section 504—Mr. John Vannoy, 962-7874. If the applicant desires assistance with this application, with due notification, the District will attempt to provide the necessary assistance.

APPLICATION OF

	Last Name	First	Initial	_
CURRENT ADDRESS	Street			_
DHOVE	City	State	Zip Code	_
PHONE	Area Code	Number		_
FOR THE POSITION OF				_
DATE AVAILABLE FOR ASS	SIGNMENT			
District Use Only				
Date Application Acknowledge By the Board of Education	d	Date of Submission of ALL Documents to the Superinte		
Date Conditionally Employed By the Board of Education		First Active Contractual Wo	orking	

The submission of this application or the acceptance of it in no way obligates the applicant or the School District.

## PERSONAL DATA

Last Name	First	Initial	Social Security Number
Home Address (	If Different From	m Page 1)	Home Phone
Post Office	State	Zip Code	_
EMPLOYMEN'	T ELIGIBILIT	Y	
U.S. Department prior to employn		bloyment Eligibility	Verification, Form I-9, must be filed with the District
CRIMINAL HIS	STORY		
Yes	No If y	es, describe in full:	not been annulled or expunged or sealed by the court?
Have you acquir Yes	ed a Pennsylvan No State applicants	nia State Police State	ement in compliance with Act 34 of 1985  I. Statement) Please attach a photocopy of the same;
ACT 29			
Have you receive		ation from a Commo	onwealth of Pennsylvania school entity prior to July 1,
HEALTH			

Section 1418 of the Pennsylvania School Code requires a pre-employment physical examination and evidence of a tuberculosis test within the period designated by State regulations. Before employment, evidence of such examinations and test must be filed in this office. Forms may be secured in the Superintendent's Office. No one may begin work before completing these examinations.

## **WORKERS' COMPENSATION RIGHTS AND DUTIES**

The new state law requires that if you are injured in a work-related accident, that you treat with one of the medical providers listed on the employee bulletin board for a period of thirty (30) days from the date of the first visit. If you treat with a provider not on this list during that time period, the employer will not be responsible for the expense incurred. The expenses will be your responsibility. After the thirty day period expires, you may treat with a medical provider of your choice. However, you must notify the employer with five (5) days of the first visit to another provider.

## EDUCATIONAL PREPARATION (Include all formal training programs)

		School and Location	<u>Year</u>	Degree or Diploma
Higl	n School			
Tecl	nnical School			
Coll	ege/University			
Spec	cial			
SPE	CCIFIC JOB SKILLS	,		
Are	you currently certifie	d in the State of Pennsylv	ania for coaching?	Yes No
Plea	se list the skills you p	ossess which relate to the	position for which you a	are applying
PRI	OR WORK EXPERI	ENCES		
1.				
	Name of Employe	r	Address and Phone Nu	mber
	Job Title or Descr	iption	Beginning and Ending	Dates
2.				
	Name of Employe	r	Address and Phone Nu	mber
	Job Title or Descr	iption	Beginning and Ending	Dates
3.				
	Name of Employe	r	Address and Phone Nu	mber
	Job Title or Descr	iption	Beginning and Ending	Dates
4.		-		
т.	Name of Employe	r	Address and Phone Nu	mber
	Job Title or Descr	iption	Beginning and Ending	Dates
JOE	B/SCHOOL ATTEND	DANCE RECORD		
			two full years of ampley	ment or if not applicable,
	ool membership: (che		two run years of employ	ment of it not applicable,
		0—4 Days	5—10 I	Days
		11—15 Days	Over 15	Davs

Name 1.	Address	<u>Position</u>	Telephone Number
2.			
3.			
HONORS AND AC	CTIVITIES		
List personal achiev	vement which will be help	ful in the evaluation of yo	our application for the position.
ATTACH SHEET	IF YOU DESIRE TO GI	VE ADDITIONAL DATA	4
authorized. Each ap clusion of the same	plication is kept in the act, it is discarded unless the shes to renew the said app	tive file for one school ye applicant notifies the Su	y exists and the filling of that vacancy is ear (July 1st thru June 30th). At the conperintendent's Office either by phone or sibility of the applicant to keep the infor-
PRE-EMPLOYME	ENT STATEMENT		
complete to the best the release of information of the release of information of the same depository of the same application, and if shall not be liable	et of my knowledge. I aut mation regarding my emp rein indicated. I hereby re- resissuing this information, ame. I understand that the employed, would be caus	horize investigation of all loyment, character, and celease said institutions, co, and the Sharpsville Are submission of false inforce for dismissal. I agree the loyment is terminated during the submission of t	ion and attached to the same is true and ll statements recorded herein, as well as qualifications by the institutions, compaompanies, and persons from all liability a School District for the collection and mation will result in the rejection of this hat the Sharpsville Area School District to the falsification of statements, an-
swers, or omissions			