

PERSONAL DATA

Last Name First Initial

Social Security Number

Home Address (If Different From Page 1)

Home Phone

Post Office State Zip Code

EMPLOYMENT ELIGIBILITY

U.S. Department of Justice, Employment Eligibility Verification, Form I-9, must be filed with the District prior to employment.

CRIMINAL HISTORY

Have you ever been convicted of a felony which has not been annulled or expunged or sealed by the court?
_____ Yes _____ No If yes, describe in full: _____

Have you acquired a Pennsylvania State Police Statement in compliance with Act 34 of 1985
_____ Yes _____ No

(NOTE: Out-of-State applicants must secure an F.B.I. Statement) Please attach a photocopy of the same; the original must be presented prior to hire.

ACT 29

Have you received any compensation from a Commonwealth of Pennsylvania school entity prior to July 1, 1994? _____ Yes _____ No

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.

REFERENCES—List three individuals who can attest to your character, effectiveness and professional ability as they relate to the position for which you are applying.

	<u>Name</u>	<u>Address</u>	<u>Position</u>	<u>Telephone Number</u>
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____

HONORS AND ACTIVITIES

List personal achievement which will be helpful in the evaluation of your application for the position.

ATTACH SHEET IF YOU DESIRE TO GIVE ADDITIONAL DATA

NOTE: Personal interviews are not scheduled until an actual vacancy exists and the filling of that vacancy is authorized. Each application is kept in the active file for one school year (July 1st thru June 30th). At the conclusion of the same, it is discarded unless the applicant notifies the Superintendent's Office either by phone or letter that she/he wishes to renew the said application. It is the responsibility of the applicant to keep the information on the same current.

PRE-EMPLOYMENT STATEMENT

I certify that the information which I have submitted on this application and attached to the same is true and complete to the best of my knowledge. I authorize investigation of all statements recorded herein, as well as the release of information regarding my employment, character, and qualifications by the institutions, companies, or persons herein indicated. I hereby release said institutions, companies, and persons from all liability for any damage for issuing this information, and the Sharpsville Area School District for the collection and depository of the same. I understand that the submission of false information will result in the rejection of this application, and if employed, would be cause for dismissal. I agree that the Sharpsville Area School District shall not be liable in any respect if my employment is terminated due to the falsification of statements, answers, or omissions made by me in this application.

Applicant's Signature _____ Date _____