STANDARD APPLICATION For Nursing Positions in Pennsylvania Public Schools

(PLEASE PRINT OR TYPE)

Position(s) Desired					
NAME					
	LAST	FIRST	MIDDLE		SOCIAL SECURITY NUMBER 1
PRESENT ADDRESS					
TRESERVITION	STREET			(AREA CODE) TELEPHONE	
	Crear		STATE	ZIP CODE	
		CITY		STATE	ZIP CODE
PERMANENT ADDRESS					
			STREET		(AREA CODE) TELEPHONE
		СІТҮ		STATE	ZIP CODE
E-MAIL ADDRESS (IF AV	VAILABLE)				
E-MAIL ADDRESS (IF A)	VAILABLE			WORKE TO THE WAY THE WAY THE	
LIST, IN ORDER OF PRE	FERENCE, T	HE POSITIO	NS FOR WHICH YOU	ARE APPLY	ING:
I.	2.		3.		
			CERTIFICATION		
					CERTIFICATES. NOTE: APPLICANTS N ORDER TO TEACH IN PENNSYLVANIA
AREA OF CERTIFIC	CATION		ISSUING STATE		DATE ISSUED
		-			
DATE AVAILABLE FOR EMPLO			···		
IF YOU ARE NOT EMPLOYED F			TED IN BEING PLACED OF		
Long-term	Yes	No			SHORT-TERM YES NO

¹ Federal Privacy Act [5 U.S.C.§552A NOTE] Statement. Authority for requesting social security account numbers: Public School Code of 1949 [24 P.S. § 12-1212, 24 P.S. §1224] Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the Social Security Number will result in an applicant not being considered for employment.

EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL				
College/University				
College/University				
GRADUATE STUDY				
GRADUATE STUDY				

EXPERIENCE

		(PRESENT	OR MOST RECENT FIRE	,				
Date	s	Name of	Employer and Addre	SS	Your Title			
From								
То		(Area Code) Telephone:						
Work Performed:			94.	Reason for Leaving:				
Name & Titl				Final Yearly				
Superviso	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN			Salary:				
Date	S	Name of	Employer and Address	SS	Your Title			
From								
m								
То		(Area Code) Telephone:						
10	W	(Area Code) Telephone: ork Performed:		Reason for I	Leaving:			
Name & Titl	e of			Final Yearly	eaving:			
Name & Titl Supervisor	e of	ork Performed:	Employer and Address	Final Yearly Salary:	Leaving: Your Title			
Name & Titl Supervisor Date:	e of	ork Performed:	Employer and Address	Final Yearly Salary:				
Name & Titl Supervisor Date:	e of	ork Performed: Name of	Employer and Address	Final Yearly Salary:				
Name & Titl Supervisor Dates	e of r:	ork Performed:	Employer and Address	Final Yearly Salary:	Your Title			
Name & Titl Supervisor Dates	e of r: w	Name of (Area Code) Telephone:	Employer and Address	Final Yearly Salary:	Your Title			

REFERENCES

If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	Position	ADDRESS		TE	ELEPHON

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		tate any additional information y			
		awards, activities, technology sk		· F · · · ·	
					
	GENERAL	BACKGROUND INFORMAT	ION		
		uestions. If you answer "Yes" t			
		de date of conviction and dispo			
		criminal offense is <u>not</u> a bar to			Each
ease is considered on its	nerits. Your an	swers will be verified with appro	priate police reco	rds.	
Triminal Offense include	es felonies miso	demeanors, summary offenses a	nd convictions re	esulting	from a
olea of "nolo contendere"		demeanors, summary offenses a	nd convictions it	Sulting	nom a
	()				
Conviction is an adjudic	ation of guilt ar	nd includes determinations before	e a court, a distr	ict justi	ice or a
nagistrate, which results	in a fine, senten	ce or probation.			
		s, offenses committed before y			
		Youth Offender Law, and any			
	or which you st	accessfully completed an Accele	rated Rehabilitati	ve Disp	osition
rogram.					
Vere you ever convicted	of a criminal of	Sense?	Yes		No
re you currently under c			Yes	$\overline{\Box}$	No
		in connection with a criminal	Yes		- No

offense?

Within the last ten years, have you been fired from any job for any reason?	Yes	No
Within the last ten years, have you quit a job after being notified that you would be fired?	Yes	No
Have you ever been professionally disciplined in any state? Professional disciplined means the annulment, revocation or suspension of your nursing/teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission.	Yes	_ No
Are you subject to any visa or immigration status, which would prevent lawful employment?	Yes	No-

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

ACT 34 Clearance (PA State Police Criminal Background Check)

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

ACT 114 (Federal Criminal History Record)

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

ACT 151 Clearance (PA Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of LAUREL (school district) may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date

Signature of Candidate (in ink) [Must be original]

Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.