

Warrior Run School District

4800 Susquehanna Trail, Turbotville, PA 17772
(570)-649-5138 • Fax (570)-649-5475

APPLICATION FOR ADMINISTRATIVE POSITION

(Please Print or Type)

POSITION APPLYING FOR _____ DATE _____

Name _____
Last First Middle Social Security Number¹

Address _____ (____) _____
Street Telephone
City State Zip

E-mail Address (if available) _____

CERTIFICATION (For applicants holding Pennsylvania certificate—copy exactly from certificate)

Area of Certification	Type Code	Date Issued	Years Valid

EDUCATIONAL BACKGROUND

	School or Institution and Location	Major/Minor	Diplomas, Degrees or Credits Earned	Grade Point Average (GPA)	Date of Completion
High School					
College/University					
Graduate Study					
Other					

Date available for employment _____

Signature _____ Name _____

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 SSAN will result in an applicant not being considered for employment.

EXPERIENCE (Present or most recent first)

Dates From _____ _____	Name of Employer and Address _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____ _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

Dates From _____ _____	Name of Employer and Address _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____ _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

Dates From _____ _____	Name of Employer and Address _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____ _____	Work Performed _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

REFERENCES

References should include persons qualified to give information on your professional competence and your personal qualifications (3-professionals 2-personal). 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	Telephone

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever forfeited bond or collateral in connection with a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under charges for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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? Yes No

Professionally disciplined means the annulment, revocation or suspension of your 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.

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 COMPLIANCE (Background Check of Prospective Employees)

Each Pennsylvania resident must submit with his/her employment application a copy of a report of Criminal History Record Information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police Central Repository contains no such information relating to that person. The criminal record history report must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

ACT 114 (FBI Federal Criminal History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance statement obtained from the Federal Bureau of Investigation that no record exists. The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

ACT 151 (PA Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.

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 the Warrior Run 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)

The Warrior Run School District 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.