

Application for Employment Support Personnel



Schuylkill Intermediate Unit 29
PO Box 130, 17 Maple Avenue, Mar Lin, PA 17951
Phone 570.544.9131

The public schools of Schuylkill County and Schuylkill IU 29 do not discriminate against any persons in employment, educational programs or activities based on race, color, sex, creed, religion, age, disability, national origin, marital status or because a person is a disabled veteran or a veteran of the Vietnam era. This policy extends to all other legally protected classifications and is published in accordance with state and federal laws including Title IX of the Education Amendments of 1972 and Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

Contact Information

Last Name	First Name	Middle Name	Date
Street Address	City	State	Zip
Social Security #	Home Phone #	Cell Phone #	Email Address

Preferences of types of work (mark all that apply)

PROGRAM Teacher's Aide Cafeteria Secretary Custodial Bus Driver Bus Aide Van Driver

Type Full Time Part Time Substitute

PROGRAM PREFERENCES

<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Pre-K Counts	<input type="checkbox"/> Schuylkill Technology Center North
<input type="checkbox"/> Intermediate Unit	<input type="checkbox"/> Intermediate Unit	<input type="checkbox"/> Schuylkill Technology Center South
<input type="checkbox"/> STC North	<input type="checkbox"/> Williams Valley	<input type="checkbox"/> Schuylkill Learning Academy(Alternative Ed)
<input type="checkbox"/> Pine Grove	<input type="checkbox"/> Pine Grove	<input type="checkbox"/> Maple Avenue Campus
<input type="checkbox"/> Tamaqua		
<input type="checkbox"/> Schuylkill Haven		

Level Preferences Elementary Middle High

Would you consider substituting in programs or levels that *are not* marked as preferences?

Yes No

Is Availability Limited?

(Ex: need a day's notice, only available certain days)

Any Special Skills or Licenses?

(Ex: Trade skills, Sign/Foreign Language, Computer skills)

Educational Background

High School Name/Address	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical/Other School Name/Address	Major <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certification <input type="checkbox"/> License
College Name/Address	Major <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certification <input type="checkbox"/> License

(Over)

Work Experience

Employer Name/Address/Phone #	Primary Duties
	Reason for Leaving
	Employment Dates
Employer Name/Address/Phone #	Primary Duties
	Reason for Leaving
	Employment Dates
Employer Name/Address/Phone #	Primary Duties
	Reason for Leaving
	Employment Dates

If currently employed may we contact your employer? Yes No

Have you ever been employed by an IU before? Yes No

References (Please list at least one employment-related reference)

Name/Address	Type <input type="checkbox"/> Employment <input type="checkbox"/> Personal
	Phone #
Name/Address	Type <input type="checkbox"/> Employment <input type="checkbox"/> Personal
	Phone #
Name/Address	Type <input type="checkbox"/> Employment <input type="checkbox"/> Personal
	Phone #

Have you ever been convicted of a crime (excluding summary offenses)? Yes No

(If yes, please explain)

Do you know of any reason you may be unable to perform any duties relating to the type of work you are applying for? Yes No

(If yes, Please describe)

Activities and Interests, Awards and Honors

Schuylkill Intermediate Unit 29 is asking you to provide information that includes private and/or confidential information under state and federal law. We are asking for this information in order to process your application.

You are not legally required to provide the information Schuylkill Intermediate Unit 29 is requesting; however, we may not be able to effectively process your application if you do not provide sufficient information. Unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information.

Signature

Date

FORMS ATTACHED (Schuylkill IU 29 Use ONLY):

- | | |
|--|---|
| <input type="checkbox"/> SUPPORT STAFF APPLICATION | <input type="checkbox"/> ACT 114 FBI FINGERPRINT REGISTRANT # _____ |
| <input type="checkbox"/> I-9 EMPLOYMENT ELIGIBILITY FORM | <input type="checkbox"/> W-4 |
| <input type="checkbox"/> ACT 34 CRIMINAL CLEARANCE | <input type="checkbox"/> SCHOOL HEALTH RECORD |
| <input type="checkbox"/> ACT 151 CHILD ABUSE CLEARANCE | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> NOTICE OF RIGHTS AND DUTIES W/C | <input type="checkbox"/> WORK HISTORY |
| <input type="checkbox"/> EMERGENCY INFORMATION RECORD | |

2/4/16 (DLA/jz)

Act 168 Form Instructions

Due to new legislation in Pennsylvania, Act 168 of 2014 requires school districts to collect employment history reviews for all potential employees who have a possibility of direct contact with children.

All applicants must complete a Sexual Misconduct/Abuse Disclosure Release Form.

Please complete the 'TO:' section with the employer's name, address and phone number. Complete Section 1 with your information and sign on page 2. Return the forms with your application. **DO NOT** send them to your former employers.

In order to be eligible for hire, this form must be completed with the above sections and returned with your application for your **current employer, all former employers that were school entities and all former employers where you were employed in a position that involved direct contact with children**. One form should be filled out for each former employer.

COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(Pursuant to Act 168 of 2014)

Instructions

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and complete a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. **A school entity or independent contractor may not hire an applicant who does not provide the required information for a position involving direct contact with children.**

Relevant Definitions:

Direct Contact with Children is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

Sexual Misconduct is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

Abuse is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

Please Note

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. The **Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request** can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 calendar days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No. 3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine willful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have willfully violated the provisions of Act 168.

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To:	Name of Current or Former Employer:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	Fax Number: Email:
	Contact Person:	Title:

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 calendar days** as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s) held with the entity:	

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto. Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Have you (Applicant) ever:

- | | | |
|-----|----|--|
| Yes | No | Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)? |
| Yes | No | Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct? |
| Yes | No | Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct? |

By signing this form, I certify under penalty of law that the statements made in this form are correct, complete, and true to the best of my knowledge. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records. I understand that third party vendors may be used to process this Act 168 pre-employment history review.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Dates of employment of Applicant: _____ Contact telephone #: _____

To the best of your knowledge, has Applicant ever:

- | | | |
|-----|----|--|
| Yes | No | Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)? |
| Yes | No | Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct? |
| Yes | No | Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct? |

No records or other evidence currently exists regarding the above questions. I have no knowledge of information pertaining to the applicant that would disqualify the applicant from employment.

Former Employer Representative Signature and Title

Date

Return all completed information to:

School Entity/Independent Contractor:			
Address:		Phone:	
City:	State:	Zip:	Fax: Email:
Contact Person:		Title:	

Date Form Received: _____

Received by: _____