**APPLICANT APPROVAL FORM**

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the position of

 (candidate’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and confirm that all applicable items listed below are attached.

 (position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Supervisor’s signature) (Date)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please have the first four items prior to submitting an applicant for hire.***

\_\_\_\_\_\_\_ Completed Application

 ☐ Standard Application

☐ FASD applications for Support & Extra Curricular

\_\_\_\_\_\_\_ ACT 168 Disclosure Release form for current employer and any former employers

 in which applicants had direct contact with children.

\_\_\_\_\_\_\_ ☐ ACT 151 Child Abuse ☐ ACT 24 Arrest and Conviction Report,

☐ ACT 34 PA Criminal ☐ ACT 126 Mandated Reporting Training

 ☐ ACT 126 Educator Discipline

☐ ACT 114 FBI Federal Criminal Clearances (PAE number) or Provisional

 Employment Affirmation

☐ ACT 71 Suicide Prevention(Educators Only grades 6-12)

☐ Coach’s Code of Conduct (When applicable).

\_\_\_\_\_\_\_ Certification, Transcripts, Praxis Scores

 (Teachers, Nurses, Instructional Aides, Substitute teachers)

\_\_\_\_\_\_\_ Upon Board Approval School Personnel Health Records Physical Form and TB

 Test/statement (dated within 90 days prior to start employment). ***Must be***

 ***received within two weeks of Board Approval. Employee is not cleared to***

 ***work prior to receipt.***

**Reminder:** All permanent full and part-time employees are subject to pre-employment drug screening at the District’s expense. Drug screening information is included in the payroll packet.

\_\_\_\_\_\_\_\_\_ Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Payroll Coordinator) (Date)

**Board approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**