

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 (6-12) and 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 _____