

# 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** \_\_\_\_\_