

Applicant Approval Form

I recommend _____ for the position of
(Candidate's Name)

_____, and confirm that all applicable
(Position)

items listed below are attached.

(Supervisor's Signature)

(Date)

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

_____ Completed Application (*Standard App w/application attachment for professional employees and FASD applications for Support & Extra Curricular*)

_____ Completed Act 168 Disclosure Release form **for current employer and any former employers in which applicant had direct contact with children.**

_____ Act 151 Child Abuse, Act 34 PA Criminal & Act 114 FBI Federal Criminal Clearances (PAE number) **or** Provisional Employment Affirmation, and ACT 24 Arrest and Conviction Report, Act 126 Mandated Reporter Training, 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 Record (Physical Form) and TB test/statement (dated within 90 days prior to start of employment). **Must be received within two weeks of Board Approval. Employee is not cleared to work prior to receipt.**

REMINDER:

All permanent full & 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 _____