

PALMYRA AREA SCHOOL DISTRICT
1125 PARK DRIVE
PALMYRA PA 17078-3499
(717) 838-3144

APPLICATION FOR EMPLOYMENT
NON-CERTIFICATED PERSONNEL

Palmyra Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX and Section 504.

For information regarding civil rights or grievance procedures, contact the administration office at 1125 Park Drive, Palmyra PA 17078-3499. For information regarding services, activities and facilities that are accessible to and useable by handicapped persons, contact the Superintendent of Schools (717) 838-3144.

Date of Application _____

POSITION DESIRED _____

PERSONAL DATA

Name _____
(Last) (First) (Middle) (Social Security No.)

Present Address

(Street) (Phone Number)

(City) (State) (Zip Code) (Business Phone)

Permanent Address (If Different From Above)

EDUCATION:

| School and Location | Degree Course/Major | Time Spent | Diploma | Date |
|---------------------|---------------------|------------|---------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT RECORD: Starting with PRESENT OR MOST RECENT, list all previous employment. Include self-employment, summer and part-time jobs. Attach a separate sheet if necessary.

| Company Name & Business Address | Dates | Position | Supervisor |
|---------------------------------|------------------------|----------------|------------------|
| Name _____ Address _____ | From _____ To _____ | Position _____ | Supervisor _____ |
| Name _____ Address _____ | From _____ To _____ | Position _____ | Supervisor _____ |
| Name _____ Address _____ | From _____ To _____ | Position _____ | Supervisor _____ |

Have you worked for Palmyra Area School District before? Yes No If yes, when? _____

Have you applied before ? Yes No If yes, when? _____

Do you want to work: Full time Part-time. Specify days and hours if part-time _____

REFERENCES:

List at least three references including persons under whom you have worked who have first hand knowledge of your experience.

| Name | Position/Organization | Address/Telephone |
|-------|-----------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

GENERAL INFORMATION:

1. Are you under contract now ? _____ Present Position: _____
_____ Salary _____
2. Reason for interest in changing position: _____

3. May we contact your present employer at this time? _____

4. Indicate when you could come for a personal interview if one is requested

5. When will you be available for placement ? _____
6. Candidate should use a separate sheet to describe the special abilities and experiences to support the position desired.

STATEMENT OF APPLICANT

The facts set forth in my applications for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to investigate my personal qualifications and employment history by contacting my former employers and references.

Signature _____ Date _____

NOTICE TO CANDIDATE

Effective January 1, 1986, Pennsylvania law (Act 34 of 1985) requires candidates for employment in public and private school agencies to provide the employing agency with a Pennsylvania State Police Criminal History Record Information statement. The law further states that the obligation to secure the required statement/criminal history record is the responsibility of the job applicant. Out of state residents must provide additional information from the Federal Bureau of Investigation.

For your convenience, the necessary forms can be obtained from the District Office when you are notified you are under active consideration. At that time, all directions provided on the Pennsylvania Department of Education Information Sheet shall be followed and the ORIGINAL completed copy of the State Police statement/criminal history record provided to the District Office. (This will be returned to you)

FAILURE TO SUBMIT THESE ITEMS WILL RENDER YOU APPLICATION
FOR EMPLOYMENT INCOMPLETE AND YOU WILL NOT MERIT
CONSIDERATION FOR EMPLOYMENT

AUTHORIZATION

I acknowledge that I have read the information above and authorize the Palmyra Area School District to review the State Police and/or FBI statement/criminal history record in determining my suitability for employment.

SIGNATURE _____ Date _____

All applications will be kept in the active file for one year.

All applications must be returned to:

PALMYRA AREA SCHOOL DISTRICT
DISTRICT OFFICE
1125 PARK DR
PALMYRA PA 17078-3499

DIRECTIONS FOR COMPLETING ACT 168 RELEASE FORMS

Act 168 of 2014 amends the Public School Code of 1949, to provide direction regarding employment history reviews for **all** new employees who will have direct contact with children.

As of December 22, 2014, all school entities and/or independent contractors of a school entity **must** conduct an employment history review for any prospective employee prior to hiring if the employee will be hired for a position where he/she will have direct contact with children.

The attached “Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release” form needs to be completed for **each** current and former employer as noted below and you must consent to the current/former employer’s disclosure of any information regarding abuse and/or sexual misconduct. An applicant for a position involving direct contact with children **cannot** be hired unless this required information is provided.

YOU MUST:

- Complete one (1) form for **each current employer** even if the job does not involve direct contact with children.
 - Example: If you are presently employed at a daycare and work at a restaurant in the evening, you will need to complete two (2) forms – one (1) for the day care and one (1) for the restaurant.
- Complete one (1) form for **each former employer** if the employer was a school or if the job involved direct contact with children.
 - Example #1: You worked for XYZ School District two years ago mowing grass – you must complete a form since you were employed at a school.
 - Example #2: You worked at a daycare during college – you must complete a form since you had direct contact with children.
 - Example #3: You were a grocery clerk in high school – NO form needed since it did not involve direct contact with children and is not a current employer.

If you need additional copies of the Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release Form, you may make copies of the enclosed form (both sides), utilize the online version of the form at www.pasd.us located under Districtwide Info→Human Resources→Information, or see the receptionist in the District Office located at 1125 Park Drive in Palmyra.

Directions for Completing the Form

1. **Employer Information:**
 - Complete the top section with the current/former employer’s information following the guidelines above. Please make sure the employer contact information is accurate.
2. **Employee Information:**
 - Complete “Section 1” including the PPID if applicable (PPID refers to the Professional Personnel ID#. Teachers and other professional employees are the only individuals assigned a PPID number. All others may leave this box blank).
 - Answer each of the three (3) questions on the next page by selecting the appropriate circles.
 - Sign and date the form after answering the three (3) questions.
3. **STOP – Your portion is complete.**
 - Submit forms to Palmyra Area School District with your application packet.
 - “Section 2” will be completed by your current/former employers upon receipt from Palmyra Area School District. The current/former employer must return the form(s) directly to Palmyra Area School District.

Do NOT send the forms to your current/former employers. Only the school district is permitted to distribute the forms to current/former employers. The forms will only be sent if you are being considered for employment.

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: _____