



MID VALLEY SCHOOL DISTRICT

52 Underwood Road
Throop, PA 18512
(570) 307-1108
www.mvsd.us

Office Use Only	
_____	Act 114 - FBI Clearance
_____	Act 151 - Child Abuse
_____	Act 34 Background Check
_____	TB Test/Health Form

EMPLOYMENT APPLICATION

The Mid Valley School District complies with and conducts itself and business operations at all times in accordance with all state and federal civil rights laws and protections; it does not discriminate against any persons in employment, educational programs or educational activities based on race, ethnicity, sex, religion, age disability, national origin, or veteran status.

(Please Type or Print)

Date _____ Position Desired _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ E-Mail _____

Social Security Number _____ Full Time Part Time Substitute

EDUCATION

	Name of School	Address	Years	Graduation Date
Elementary				
Secondary				
Other				

WORK EXPERIENCE

In accordance with Act 168, it is mandatory that the list current employer, former employers that are school entities, and former employers where you held a position that involved direct contact with children. Please attach additional page if more space is needed.

Employer's Name, Address, Telephone Number	Employed From - To	Job Description	Reason for Leaving

REFERENCES

References should include those persons who have first-hand knowledge of your professional competence and your personal qualifications.

Name and Address	Position	Telephone No.

Summarize special skills and qualifications acquired from employment and other experiences which would make you better qualified for the job in which you are applying:

ADDITIONAL REGULATIONS

A. Health Data – Health Form– State regulations require all employees to have a pre-employment T.B. Test. This is the responsibility of the applicant and not to the District to obtain these test results. In an effort to have a complete and accurate application, please submit results of any T.B. test administered to you and within the past year to the District Office prior to your first day of employment. ** Results of Health Data TB/Health Form, within the past year, are (place a check in appropriate box):

- Attached Pending Not Completed

B. Criminal Background History (Act 34) – Current State law requires all employees to have a Criminal History Background check by the PA State Police. ** Results of Criminal History Background Check, within the past year, are ** Results of Criminal History Background Check, within the past year, are (place a check in appropriate box):

- Attached Pending Not Completed

C. Child Abuse Clearance (Act 151) - Current State law requires all employees to have a Child Abuse Clearance check by the PA Department of Welfare for PA residents. ** Results of Child Abuse Clearance check, within the past year, are (place a check in appropriate box):

- Attached Pending Not Completed

D. Federal Criminal Record Check (Act 141)- Current State law requires all employees to have a Federal Criminal Record check. **Results of Federal Criminal Record Check, within the past year, are (place a check in appropriate box):

Registration ID: PAE _____

- Attached Pending Not Completed

AUTHORIZATION

- 1. I hereby authorize the Mid Valley School District to contact school, college, employment, and all other sources for the purpose of verifying statements and references herein, and I hereby authorize said sources to disclose such records and other information as may be requested by the prospective employer.
- 2. I understand that any false statements in this application may be sufficient cause for discharge if I am employed.
- 3. I understand that any offer of employment is conditioned upon my presentation of clear Act 34-PA Criminal History Record (PA State Police), Act 151 – PA Child Abuse History Clearance (PA Department of Human Services), Act 114-FBI Criminal History (fingerprinting) clearances, along with a Pre-Employment Drug Screening.

(Attach additional documents if necessary)

Signature of Applicant