

STANDARD APPLICATION For Teaching Positions

(PLEASE PRINT OR TYPE)

POSITION(S) DESIRED _____

NAME _____
LAST FIRST MIDDLE PROFESSIONAL PERSONNEL ID

PRESENT ADDRESS _____
STREET (AREA CODE) TELEPHONE
CITY STATE ZIP CODE

PERMANENT ADDRESS _____
STREET (AREA CODE) TELEPHONE
CITY STATE ZIP CODE

E-MAIL ADDRESS (IF AVAILABLE) _____

LIST, IN ORDER OF PREFERENCE, THE GRADES, SUBJECTS AND/OR POSITIONS FOR WHICH YOU ARE APPLYING:

1. _____ 2. _____ 3. _____

CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID PENNSYLVANIA AND/OR OUT-OF-STATE TEACHING CERTIFICATES.)

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED



EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				

EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address			Your Title
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:	
Dates		Name of Employer and Address			Your Title
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:	
Dates		Name of Employer and Address			Your Title
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:	

Please list activities that you are qualified to supervise or coach:

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If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1.
		2.
		1.
		2.

Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Were you ever convicted of a criminal offense? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you currently under charges for a criminal offense? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you ever forfeited bond or collateral in connection with a criminal offense? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Within the last ten years, have you been fired from any job for any reason? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Within the last ten years, have you quit a job after being notified that you would be fired? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you ever been professionally disciplined in any state? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission. | | | | |
| Are you subject to any visa or immigration status, which would prevent lawful employment? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

ACT 34 Clearance (PA State Police Criminal Background Check)

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

ACT 114 (Federal Criminal History Record)

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

ACT 151 Clearance (PA Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that The Photography Workshop may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, by entities or persons providing such information, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

_____ **Date**

_____ **Signature of Candidate (in ink)**

[Must be original]

The Photography Workshop shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification.

Signature _____ **Name** _____

Note to applicants: This application can be downloaded from the Department of Education's home page which is accessible at: <http://www.state.pa.us>.

This application was developed, in accordance with Section 1204.1 of Act 107 of 1996, by the Pennsylvania Department of Education in consultation with organizations representing school administrators, including personnel administrators, teachers and school boards. Questions should be referred to PDE School Services Office at Voice Telephone (717) 787-4860, Text Telephone TTY (717) 783-8445 or FAX (717) 783-6802. If you need accommodation in completing this application, including alternate format, please contact the school district.