

**SAYRE AREA SCHOOL DISTRICT  
ADMINISTRATIVE OFFICE  
333 W. LOCKHART STREET  
SAYRE, PA 18840**

**Required Paper Work:**

- For Admin. Office to check only
- Application Completed
  - Act 34 (Police Check)
  - Act 151 (Child Abuse)
  - Act 114 (Fingerprints)
  - Act 168 (if applicable)
  - PDE 6004
  - Diploma/GED/Degree
  - I-9 Form
  - Local Earned Income Tax
  - Physical Form

**APPLICATION FOR EMPLOYMENT  
SUPPORT PERSONNEL**



Date: \_\_\_\_\_

**Name:**

Last	First	Middle Initial	Social Security Number

**Address:**

Street	City	State	Zip Code

**Phone Number:** \_\_\_\_\_

**E-Mail address (if available):** \_\_\_\_\_

Mark Position(s) you are applying for:

- Aides/Skilled Aide (Skilled Aide requires a 4-year degree)  
Highly Qualified?  Yes  No (Highly Qualified status is an Associate Degree or 60 college credits which is a State Regulation)
- Cafeteria
- Secretarial
- Crossing Guards/Drivers
- Custodian/Maintenance
- Other

**Applying for:**  Full Time  Part Time If Part Time, specify days and hours \_\_\_\_\_

**Do you want to be placed on our Substitute list if you are not hired for a full/part time position?**  Yes  No

An Equal Opportunity Employer in Compliance with Title IX and Section 504

## RECORD OF EDUCATION

SCHOOL LEVEL	<i>School or Institution and Location</i>	<i>Course of Study</i>	YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY				__Y__N	
HIGH SCHOOL				__Y__N	
COLLEGE				__Y__N	
OTHER				__Y__N	

### Record of Employment:

List below all present and past employment, beginning with *your most recent* first

<b>Employer Name &amp; Address:</b>			
<b>Employer Phone Number:</b>		<b>Supervisor Name:</b>	
<b>Describe Work:</b>			
<b>Starting Date:</b>	<b>Ending Date:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>Reason for Leaving:</b>			

<b>Employer Name &amp; Address:</b>			
<b>Employer Phone Number:</b>		<b>Supervisor Name:</b>	
<b>Describe Work:</b>			
<b>Starting Date:</b>	<b>Ending Date:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>Reason for Leaving:</b>			

<b>Employer Name &amp; Address:</b>			
<b>Employer Phone Number:</b>		<b>Supervisor Name:</b>	
<b>Describe Work:</b>			
<b>Starting Date:</b>	<b>Ending Date:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>Reason for Leaving:</b>			

<b>Employer Name &amp; Address:</b>			
<b>Employer Phone Number:</b>		<b>Supervisor Name:</b>	
<b>Describe Work:</b>			
<b>Starting Date:</b>	<b>Ending Date:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>
<b>Reason for Leaving:</b>			

**MILITARY**

Have you ever served in the U.S. Armed Forces?    ___ Yes    ___ No    If yes, please completion section below:	
Branch of Service:	Period of Active Duty: From:                      To:
Rank of Discharge:	Date of Final Discharge:

**\*\*COMMONWEALTH OF PENNSYLVANIA REQUIRES DOCUMENTATION OF A PHYSICAL EXAM PRIOR TO EMPLOYMENT.\*\***

May we contact all of your previous employers/supervisors?    \_\_\_ Yes    \_\_\_ No

If No, please indicate which one(s) that you do not wish us to contact: If you do not wish us to contact an employer, please explain:

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**PERSONAL REFERENCES:**

**(Not Former Employers or Relatives)**

Name of Reference	Occupation	Address	Phone Number

**ACT 34 (Police Check)**

Effective January 1, 1986 with Act 34 of 1985, all Pennsylvania residents must submit, with their employment application, a copy of a report of "Criminal History Information" from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police repository contains records on this applicant. Out-of-State applicants must submit, with their application for employment, a copy of a federal criminal history report from the Federal Bureau of Investigation. The criminal report must be no more than one (1) year old and the applicant **MUST** submit the ORIGINAL report prior to employment with the Sayre District. <https://epatch.state.pa.us/Home.jsp>

**ACT 114 FEDERAL CRIMINAL HISTORY RECORDS (FINGERPRINTS)**

Act 114 of 2006, Section III of the Pennsylvania Public School Code outlines background check requirements for student teachers and the employees of public and private schools and their contractors. The Act requires that all student teachers and perspective employees of public and private school (who have direct contact with children) **MUST** provide to their employer a copy of the Federal Criminal History Record that cannot be more than one (1) year old and this report must be given prior to employment within the Sayre District. <https://uenroll.identogo.com>

**ACT 151 (PA Child Abuse History Clearance)**

Each candidate must submit with his/her employment application a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be no more than one (1) year old and the applicant **MUST** submit the **ORIGINAL** report prior to employment within the Sayre District. <https://www.compass.state.pa.us/cwis/public/home>

**ACT 168 (Commonwealth of PA Sexual Misconduct/Abuse Disclosure Release)**

Each applicant who has worked directly with children must fill out an Act 168 (Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release form) for each employer that falls within the below-listed categories:  
(1). The applicant's *current employer* (regardless of whether the employer was a school entity and/or where the applicant had direct contact with children);  
(2). All former employers of the applicant *that were school entities*; and  
(3). All former employers where the applicant was employed in a position *where he or she had direct contact with children*.  
The applicant is not required, however, under Act 168 to disclose current or previous volunteer positions. The applicant must also consent to the current/former employer's disclosure of any information regarding abuse and/or sexual misconduct. Under Act 168, the hiring entity is prohibited from hiring an applicant for a position involving direct contact with children unless the applicant provides the required information on the form and consent.

I acknowledge, understand and authorize the Sayre Area School District to review said Criminal History Records information. I understand that such records may determine where I may be employed.

I authorize the Sayre Area School District to contact former employers, references, and educational institutions to secure information relative to my employment with the Sayre Area School District; and hereby authorize former employers, references and educational institutions to release information to the Sayre Area School District.

Information given herein is in the nature of a representative and in incorrect on a material fact, will constitute sufficient cause for cancellation of the contract in case of employment.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Sayre Area School District is an Equal Opportunity Employer 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 TitleIX and Section 504.

For information regarding civil rights of grievance procedures contact Samuel Moore, Affirmative Action/Compliance Coordinator, Sayre Area School District, 333 W. Lockhart Street, Sayre, PA 18840, (570)888-6121 or the Office of the Superintendent, 570-888-7615.