Hanover Public School District
Hanover, Pennsylvania 17331

STANDARD APPLICATION

(Please Type or Print)

POSITION(S) DESIRED _____

Name _____
Last First Middle Social Security Number[1]

Present Address _____ (____) _____
Street Telephone

_____
City State Zip

Permanent Address _____ (____) _____
Street Telephone

_____
City State Zip

E-mail Address (if available) _____

List, in order of preference, positions for which you are applying:

1. _____ 2. _____ 3. _____

Date available for employment _____

PROFESSIONAL LICENSE OR MEMBERSHIP

(Omit any license or membership which reflects your race, color, religion, age, sex, creed, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Type of License or Membership Held	State Issued	Expiration Date

[1] Federal Privacy Act [5 U.S.C. § 552a note] Statement. Authority for requesting social security account numbers:, Public School Code of 1949 [24 P.S. § 12-1212, 24 P.S. § 1224] Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the Social Security Number will result in an applicant not being considered for employment.

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 From _____	Name of Employer and Address _____ _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____	Work Performed _____ _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

Dates From _____	Name of Employer and Address _____ _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____	Work Performed _____ _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

Dates From _____	Name of Employer and Address _____ _____ _____ Phone Number _____	Your Title _____ Reason for Leaving _____ _____
To _____	Work Performed _____ _____ _____ _____	
Name and Title of Supervisor		Final Yearly Salary

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience (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.

REFERENCES

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

ACT 34 COMPLIANCE (Background Check of Prospective Employees)
Each applicant must submit with the employment application a State and Federal criminal history report or a copy of the completed forms/requests. The clearance statements must be no more than one (1) year old. The applicant MUST submit the ORIGINAL reports prior to employment.

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. The applicant MUST submit the ORIGINAL report prior to employment.

Pennsylvania school districts 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. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.

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? { }Yes { } No	Have you ever forfeited bond or collateral in connection with a criminal offense?
Are you currently under charges for a criminal offense? { } Yes { } No	{ } Yes { } No

Within the last ten years, have you been fired from any job for any reason?
{ } Yes { } No

Within the last ten years, have you quit a job after being notified that you would be fired?
{ } Yes { } No

Have you ever been professionally disciplined in any state? { }Yes { }No
Professionally disciplined means the annulment, revocation or suspension of your teaching certification or professional licensure 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?
{ } Yes { }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.

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 responses. 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 officials of **Hanover Public School District** 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, whether by the school district or by entities or persons providing such information to the school district, 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)