

Mountain View School District Personnel File Checklist Full-time Administrative Employee

Name of Employee _____

Address _____

_____ Township _____

Social Security Number _____

Date of Birth _____ Telephone _____

Required for Employment

1. Administrative Application returned and signed _____
2. Resume _____
3. College/University Transcripts – Official _____
4. Recommendations for Employment _____
5. Interview Records/Data _____
6. Pennsylvania State Request for Criminal Record Check
<https://epatch.state.pa.us> *(must be original to be copied) (Act 34) _____
7. PA Child Abuse History Clearance *(must be original to be copied) (Act 151)
<https://www.compass.state.pa.us/cwis/public/home> _____
8. FBI Federal Criminal History Record – <https://uenroll.identogo.com; code 1KG6XN>
*(must be original to be copied) (Act 114) _____
9. Arrest/Conviction Report (Act 24) _____
10. Employment Eligibility Verification (Form I-9) _____
11. W-4 Form _____
12. Letter of Appointment by Board of Education _____
13. Health Record with Proof of Tuberculosis Tine Test
within the last 3 months _____
14. Loyalty Oath _____
15. Verification of Unused Sick Leave Days for Transfer _____
16. Health Insurance Application _____
17. Dental Insurance Application _____
18. Group Life Insurance Enrollment Application _____
19. Direct Deposit Authorization Information _____
20. Payroll Deduction Authorization Information _____
21. Local Earned Income Tax (Act 32) _____
22. Acceptable Use for Computer and Internet Access _____
23. MVR Form (Need copy of Car Insurance) _____
24. Act 126 Certificate-
<http://www.socialwork.pitt.edu/researchtraining/child-welfare-education-research-programs/act-31-line-training> _____
25. 403 Universal Availability Document _____
26. Act 168 _____
27. Act 29 PSER'S Form _____
28. Aflac _____
29. Vision Form _____
30. Eye Form _____

MOUNTAIN VIEW SCHOOL DISTRICT
11748 State Route 106, KINGSLEY, PA 18826
(570) 434-2180
Administrative Application

Position applying for: _____

Date: _____ / _____ / _____

Name: _____
Last
First
Middle

Address: _____
Number
Street

_____ City State Zip

Telephone: _____

Social Security #: _____ / _____ / _____

Availability (date): _____ / _____ / _____

Minimum Salary: \$ _____ to \$ _____

Educational Background

| | <u>School or Institution and Location</u> | <u>Major</u> | <u>Diplomas/Degrees</u> | <u>GPA</u> |
|--------------------|---|--------------|-------------------------|------------|
| High School | _____ | | | |
| | _____ | | | |
| College/University | _____ | | | |
| | _____ | | | |
| College/University | _____ | | | |
| | _____ | | | |
| Graduate Study | _____ | | | |
| | _____ | | | |
| Graduate Study | _____ | | | |

Employment History

Please summarize your work experience with present or most recent first.

| | | |
|-------|------------------------------|--------------------|
| Dates | Name of Employer and Address | Your Title |
| From | _____ | _____ |
| | _____ | Reason for Leaving |
| To | _____ | _____ |
| | Phone Number _____ | _____ |

Name and Title of Supervisor _____
Final Yearly Salary _____
Work Performed _____

| | | |
|-------|------------------------------|--------------------|
| Dates | Name of Employer and Address | Your Title |
| From | _____ | _____ |
| | _____ | Reason for Leaving |
| To | _____ | _____ |
| | Phone Number _____ | _____ |

Name and Title of Supervisor _____
Final Yearly Salary _____
Work Performed _____

| | | |
|-------|------------------------------|--------------------|
| Dates | Name of Employer and Address | Your Title |
| From | _____ | _____ |
| | _____ | Reason for Leaving |
| To | _____ | _____ |
| | Phone Number _____ | _____ |

Name and Title of Supervisor _____
Final Yearly Salary _____
Work Performed _____

| | | |
|-------|------------------------------|--------------------|
| Dates | Name of Employer and Address | Your Title |
| From | _____ | _____ |
| | _____ | Reason for Leaving |
| To | _____ | _____ |
| | Phone Number _____ | _____ |

Name and Title of Supervisor _____
Final Yearly Salary _____
Work Performed _____

References

| Name | Position | Address | Telephone |
|------|----------|---------|-----------|
| | | | |
| | | | |
| | | | |

APPLICANT'S STATEMENT

Are you eligible for Bonding? _____

Have you ever been involuntarily released or asked to resign? _____

Conviction: Have you been convicted of a felony within the last seven years? ____ No ____ Yes
(Conviction will not necessarily disqualify applicant from employment). If yes, Please explain

Immigration Status: Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ____ No ____ Yes (Proof of citizenship or immigration status will be required upon employment via I-9 form)

Health: When did you have your last complete physical examination? _____

NOTE: A pre-employment physical is required for employment with proof of a negative TB-Tine Test.

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Mountain View School District.

Signature of Applicant _____
Date

Mail your application to the Office of the Superintendent, Mountain View School District, 11748 State Route 106, Kingsley, PA 18826. Notify the Office of the Superintendent immediately upon acceptance of a position elsewhere or any change concerning information supplied in the application.

The Mountain View School District is an equal opportunity educational institution and will not discriminate on the basis of race, color, age, creed, religion, gender, sexual orientation, ancestry, national origin or handicap/disability in its activities, programs or employment practices as required by Title VI, Title IX, Section 504, and Age Discrimination Act. Director of Special Services oversees this regulation and can be reached at (570) 434-2501 Ext. 537."

**MOUNTAIN VIEW SCHOOL DISTRICT
11748 State Route 106
KINGSLEY, PA 18826**

Authorization for Release for Work History

I, _____ do hereby authorize the Mountain View School District, its Superintendent, or his designee to contact my former employers:

Employer & Dates

Supervisor

Phone Number

The purpose of this release is to permit the Mountain View School District to obtain information on my work history, work record, as well as information about the performance of duty while at those employers referenced above.

I also authorize the Mountain View School District to utilize the information obtained as a part of my application for employment.

Date

Signature

Application Requirements

1. Application _____
2. Signed authorization for release of work history _____
3. Resume _____
4. College/University Transcripts _____
5. References _____
6. Recommendations for Employment _____
7. Pennsylvania State Request for Criminal Record Check
<https://epatch.state.pa.us> (Act 34) _____
8. PA Child Abuse History Clearance (Act 151) _____
9. FBI Federal Criminal History Record – www.pa.cogentid.com
(Act 114) _____
10. Arrest/Conviction Report (Act 24) _____

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____ / ____ / ____

Other names by
which you have
been identified:

Section 2. Arrest or Conviction

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

| | |
|---|---|
| <ul style="list-style-type: none"> ▪ Chapter 25 (relating to criminal homicide) ▪ Section 2702 (relating to aggravated assault) ▪ Section 2709.1 (relating to stalking) ▪ Section 2901 (relating to kidnapping) ▪ Section 2902 (relating to unlawful restraint) ▪ Section 2910 (relating to luring a child into a motor vehicle or structure) ▪ Section 3121 (relating to rape) ▪ Section 3122.1 (relating to statutory sexual assault) ▪ Section 3123 (relating to involuntary deviate sexual intercourse) ▪ Section 3124.1 (relating to sexual assault) ▪ Section 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) | <ul style="list-style-type: none"> ▪ Section 4304 (relating to endangering welfare of children) ▪ Section 4305 (relating to dealing in infant children) ▪ A felony offense under section 5902(b) (relating to prostitution and related offenses) ▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) ▪ Section 6301(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation of children) |
|---|---|
- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
 - the United States; or
 - one of its territories or possessions; or
 - another state; or
 - the District of Columbia; or
 - the Commonwealth of Puerto Rico; or
 - a foreign nation; or
 - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.