Interpreter

Teaching Assistant

Health Service Assistant

Employment Application

Midwestern Intermediate Unit IV
453 Maple Street
Grove City, PA 16127

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453 Maple Street
Grove City, Pennsylvania 16127-2399
Phone: (724) 458-6700

Teaching Assistant/Health Service Assistant/Interpreter

Last Name _____ First _____ Initial _____

Street _____

City _____ State _____ Zip _____

(Area Code) Phone No. _____ Soc. Sec. No. _____ Date _____

Application for the Position of:

❑Teaching Assistant ❑Health Service Assistant ❑Interpreter

I am Interested in:

Full Time ❑Yes ❑No Part Time ❑Yes ❑No **Day to day, as needed, substitute** ❑Yes ❑No

Note: Full Time Teaching Assistants must be certified as being highly qualified in accordance with the *No Child Left Behind* Act of 2001. In addition to a high school diploma or equivalency, highly qualified teaching assistants must have; 48 credits at an accredited institution of higher education, OR an associate degree, OR a higher degree (i.e. bachelor degree), OR pass the *No Child Left Behind* Local Assessment.

Full Time Sign Language Interpreters must score better than 70% on the Educational Interpreter Performance (EIP) Assessment Examination OR hold licensure from the Office For the Deaf and Hard of Hearing, Pennsylvania Department of Labor & Industry.

Educational Preparation *(Include all formal training programs):*

	Schools Attended	**Diploma, Degrees or Credit Earned**
Elementary		
Secondary		
College		
Other		

Enclose original transcripts in a sealed, unopened envelope/copy of diploma/copy of degree

Experience *(Present or most recent first):*

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

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

(continued)

Experience *(continued)*:

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

Please Check Below the Skills in Which You Have Had Training or Experience:

- ❑ Registered nurse training
- ❑ Practical nurse training
- ❑ Assisting physically handicapped children/adults
- ❑ Experience with deaf children and/or adults
- ❑ Previous experience as a teaching assistant
- ❑ Experience with children or adults having handicaps other than physical
- ❑ Previous experience as an interpreter

Personal Information:

Do you have the use of dependable transportation should it be required to perform job-related activities? ❑Yes ❑No

Have you been convicted of a felony within the past five years? ❑Yes ❑No

References *(List at least three)*:

Name	Address	Position	Telephone

Personal Data:

(Give whatever personal information you wish that might be helpful in the evaluation of your application. Attach additional sheet, if desired.)

Personal Interview:

A personal interview is necessary. Please give the best time for you. Day _____ Hour _____

Please note: This application may be reviewed by Supervisors, Administrators, and Board Members.

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 form/request.

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 Pennsylvania 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.

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 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 **Midwestern Intermediate Unit IV** 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)*

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.

The submission of this application or the acceptance of it in no way obligates the applicant or Midwestern Intermediate Unit IV.

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FAX: 724-458-5083
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