



Please read, complete and sign other side

SOCIAL SEC. NO.		APPLICATION			DATE	APPL.#			
					P.C.	W. #			
LAST NAME	FIRST NAME	MIDDLE INITIAL	ADDRESS		CITY/STATE	ZIP			
HOME PHONE	CELL PHONE ALTERNATE PHONE	BUSINESS PHONE	EMAIL ADDRESS		EMERGENCY CONTACT/RELATIONSHIP	PHONE NUMBER			
HIGH SCHOOL, CITY & STATE		Grad. <input type="checkbox"/> Yes <input type="checkbox"/> No	Year (Optional)	MAJOR DEG.		MILITARY RECORD DATES			
COLLEGE, CITY & STATE		<input type="checkbox"/> Yes <input type="checkbox"/> No		MAJOR DEG.		BRANCH RANK			
SPECIAL, CITY & STATE		<input type="checkbox"/> Yes <input type="checkbox"/> No		MAJOR DEG.		DUTIES - SPECIAL TRAINING			
HELPFUL INFORMATION				OPTIONAL SECTION					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Height	Weight			
Access to Car?	Relocate	Travel	How Much Travel	Employed	Birthdate	Children Ages			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Single	Married	Separated	Divorced						
ANSWER ALL QUESTIONS	#1 LAST OR PRESENT POSITION		#2 PRIOR POSITION		#3 PRIOR POSITION		#4 PRIOR POSITION		
DATES EMPLOYED	From	To	From	To	From	To	From	To	
COMPANY NAME									
COMPANY ADDRESS									
LINE OF BUSINESS									
POSITION HELD									
NAME OF SUPERVISOR									
GROSS ANNUAL OR HOURLY PAY									
REASON FOR LEAVING									
DUTIES AND RESPONSIBILITIES									
1ST POSITION DESIRED		2ND POSITION DESIRED		SALARY DESIRED	SALARY LEAST ACCEPTABLE		SELF <input type="checkbox"/>	FAMILY <input type="checkbox"/>	NO <input type="checkbox"/>
							BENEFITS		
OFFICE USE ONLY _____					OFFICE USE ONLY _____				



A DIVISION OF ABEL PERSONNEL, INC.

A+Teachers – East Shore
P. O. Box 4038
3356 Paxton Street
Harrisburg, PA 17111
(717) 561-2222

A+ Teachers – West Shore
1300 Market Street
Suite 2
Lemoyne, PA 17043
(717) 761-8111

TEMPORARY EMPLOYMENT AGREEMENT

I have requested A+ TEACHERS, a division of ABEL Personnel, Inc. and ABEL Temps., to provide me with temporary employment. I am aware and agree if employed by A+ TEACHERS that the first ninety days shall be considered a probationary period and that such employment may be terminated at any time with or without cause upon payment of my wages to the date of termination.

I therefore authorize A+ TEACHERS to obtain and to provide information relative to my character, previous employment, and employment capabilities.

A+ TEACHERS does not provide insurance coverage for any vehicles I may drive either coming to or leaving work or while on the job.

I have read this statement in the presence of a counselor and have had the opportunity to ask questions about all of its provisions. In addition, by my signature below, I verify that all information provided A+ TEACHERS is true and accurate. I understand that false statements are grounds for dismissal. I have read the policy statement regarding discrimination shown below.

A copy of this agreement is available upon request.

Date _____ Application Signature _____

**POLICY STATEMENT REGARDING DISCRIMINATION
IN HIRING EMPLOYMENT PRACTICES
BY EMPLOYER-CLIENTS OF A+ TEACHERS**

A+Teachers is not an employer in the way one usually thinks of, that is, as controlling the employee on the job. Although you are hired and paid by A+ Teachers, you work for a school district as a temporary employee.

Occasionally, although very rarely since our clients are employers highly knowledgeable in the law which governs employment and employment discrimination, an employee may feel that she or he has been discriminated against by virtue of her or his race, creed, sex, age or national origin. A+ Teachers wants you to know, that, if that happens, you should immediately notify the A+ Teachers representative responsible for investigating such complaints.

Upon notification (and we suggest that you may want to write a letter to us outlining the facts of your complaint rather than just make a phone call), whether by phone or in writing, an immediate independent investigation of your complaint shall be place. You may be asked to

participate, and every effort will be make to reach an amicable resolution of your complaint. In the event the A+ Teachers representative finds no evidence or insufficient evidence to sustain your complaint, you will be notified immediately. Upon such a finding, if you continue to believe that your complaint is valid, you may file a complaint with the Pennsylvania Human Relations Commission (PHRC), which has the responsibility for investigating such complaints of discrimination under Pennsylvania law, as well as the Equal Employment Opportunity Commission under federal law (Civil Right Act), PHRC will take care of filing under the both acts of protect your rights while it investigates your claim.

A+ TEACHERS REPRESENTATIVE:
P. O. Box 4038
Harrisburg, PA 17111
(717) 561-2222 FAX 717-561-0134

PENNSYLVANIA HUMAN RELATIONS COMMISSION:
Riverside Office Center
1101-1125 S. Front Street
Harrisburg, PA 17104

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)		EMPLOYER FEIN	
ABEL PERSONNEL		23-165-8-495	
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
3356 PAXTON ST.			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
HARRISBURG	PA	17111	(717)561-2222
MUNICIPALITY (City, Borough, Township)			
SWATARA TOWNSHIP			
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RATE
DAUPHIN			1%

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
Select Get Local Gov Support, >Municipal Statistics

**EMPLOYEE'S ACKNOWLEDGMENT OF PHYSICIAN PANEL
NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS**

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at Scottsdale Plaza, 3356 Paxton St., PO Box 4038, HBG, PA 17111 or 1300 Market St., Lemoyne PA 17043 for you to view. Also, you may get a copy of this list from Ph: 1-888-AbelJob.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the
- opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

Important: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I, _____, HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

TIME OF HIRE

WHEN I WAS INJURED

OTHER

EMPLOYEE: _____ DATE: _____

EMPLOYEE REPRESENTATIVE: _____ DATE: _____

_____ EMPLOYEE REFUSES TO SIGN BUT WAS PROVIDED A COPY OF THIS DOCUMENT.



COMMITMENT TO EXCELLENCE

I acknowledge that my employment may provide me directly and indirectly with the acquisition of information of a confidential nature pertinent to the school district and/or where I am placed. I do hereby promise not to disclose, reveal, discuss or advise anyone except authorized officials of the school district at which I am substituting such information.

It is important that the school districts can rely on A+ Teachers to report to the school on time, complete assignments and perform to the best of their ability. This applies whether you have committed for a short or long term assignment.

Before you begin an assignment, you will be notified of the daily wage you will earn for the school district and an approximate length of time of the assignment. The length of the assignment may change due to any number of reasons; however, it is important that you are willing to substitute for at least as long as the assignment was originally scheduled.

When you have accepted an assignment, this commits you to complete the days you have agreed upon. If there is an extreme emergency, you must contact A+ Teachers and the school's authorized official. After your replacement arrives, you will then be permitted to leave the classroom. The class for which you are responsible must have teacher coverage at all times. There will be no exceptions.

As you take on a new assignment, you may feel overwhelmed by your duties. Allow yourself time to enhance your teaching and classroom management skills. Remember, it takes time to feel comfortable with this new environment. A+ Teachers tries to coordinate your assignment to the school district and grades as indicated on your application. Because of the school district's uncertainty for classroom coverage, our request from you may vary. If you find yourself in an unacceptable situation, you must notify A+ Teachers coordinator, you will remain on your assignment until another teacher is assigned.

In any event that you resign or a terminated for due cause (i.e. absenteeism, tardiness, etc.), the day that you would be released or leave from the assignment, you would receive only minimum wage for the hours you have worked.

By signing below you are acknowledging your understanding of this policy and your intent to service A+ Teachers and the school districts to the best of your ability.

Signature

Date

Employee Name (please print)



Certification and Release Authorization

I certify that all my statements are true, complete and correct to the best of my knowledge. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawal of all offers of employment or (3) terminating my employment.

I hereby authorize my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully to all questions, that officials of the school districts and A+ Teachers may ask regarding my prior work history and performance.

I will hold such previous employers and/or supervisors harmless of any claims that I might otherwise have against them with regard to these statements. I further authorize these officials to investigate my background, now or in the future, to verify the information provided. I further 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 or do I authorize inquires which would include information related to any medical condition or medical history.

Signature of Candidate (in ink)
(Must be Original)

Date



General Background Information

You must give complete answers to all questions. If you answer "Yes" to any questions, 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 Offenses 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 a convictions which have been expunged by a court or for which you successful completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? _____ Yes _____ No

Are you currently under charges for a criminal offense? _____ Yes _____ No

Have you ever forfeited bond or collateral in connection with a criminal offense? _____ 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 discipline in any state? _____ Yes _____ 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? _____ 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 attached it to this application. Please print and sign your name on the sheet, and include your social security number.

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

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Any former names
by which you have
been identified: _____

Section 2. Report of Arrest or Conviction

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) ("Reportable Offense(s)"). See Instructions on Page 2 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

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

Section 3. No Arrest or Conviction

By checking this box, I state that I have never been arrested for or convicted of any Reportable Offense.

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

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to 24 P.S. §1-111(j), to be used by current and prospective employees of public and private schools, intermediate units and area vocational-technical schools for the written reporting by current and prospective employees of any arrest or conviction for an offense enumerated under 24 P.S. §1-111(e).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current employees of a public or private school, intermediate unit or area vocational-technical school by December 27, 2011. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by employees to provide written notice within seventy-two (72) hours after an arrest or conviction for an offense enumerated under 24 P.S. §1-111(e) and occurring after September 28, 2011. 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. If you have questions regarding to whom the form should be sent, please contact your supervisor or the school entity administration office.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

An offense enumerated under 24 P.S. §1-111(e) (a "Reportable Offense") 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)
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- (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.

Name:

Preference Form

Please check any of the counties in which you are willing to substitute teach during the school year.

<input type="checkbox"/> Dauphin	<input type="checkbox"/> Lebanon	<input type="checkbox"/> York	<input type="checkbox"/> Adams
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Perry	<input type="checkbox"/> Franklin

If you have any school districts you would prefer, please list them. _____

Please check the education level you prefer to teach:

<input type="checkbox"/> Elementary (K-6)	<input type="checkbox"/> Middle School (5-8)	<input type="checkbox"/> Junior High (7 - 9)	<input type="checkbox"/> High School (9-12)
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Please check all subject areas in which you are willing to teach:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> English	<input type="checkbox"/> History	<input type="checkbox"/> Reading
<input type="checkbox"/> Art	<input type="checkbox"/> ESL	<input type="checkbox"/> Health & Phys Ed	<input type="checkbox"/> Physics
<input type="checkbox"/> Biology	<input type="checkbox"/> Family Consumer	<input type="checkbox"/> Latin	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Business Ed	<input type="checkbox"/> French	<input type="checkbox"/> Library Science	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Industrial Art	<input type="checkbox"/> Marketing	<input type="checkbox"/> Special Ed
<input type="checkbox"/> Citizenship Ed	<input type="checkbox"/> General Science	<input type="checkbox"/> Math	<input type="checkbox"/> Technology Ed
<input type="checkbox"/> Earth/Science	<input type="checkbox"/> German	<input type="checkbox"/> Music	<input type="checkbox"/> All Areas

Is your availability limited? If so, please list. (Example: no Wednesdays). _____

Do you currently hold a Pennsylvania Teaching Certificate? If so, in what area(s)? _____

What is your preference to be notified of available positions? Please provide all the numbers and addresses and circle your preference.

Cell Phone _____ Home Phone _____ Text _____ Email _____

*For texting - we will need to have the name of your carrier.

Any other comments? _____