

**PENN-TRAFFORD SCHOOL DISTRICT**  
**Attn: Human Resources**  
**P.O. Box 530**  
**Harrison City, PA 15636**

**PERSONNEL INFORMATION FORM**

Please complete this form and indicate whether you are interested in serving in the same capacity for the next school year in the Penn-Trafford School District. Completed forms should be returned to:

**Penn-Trafford School District, Human Resources Department, P.O. Box 530, Harrison City, PA 15636.**

Please indicate if any of the information you are providing is an update.  Yes  No

**If you have a name or address change please contact the Human Resources department.**

1. Full Name \_\_\_\_\_ PPID # (teachers only) \_\_\_\_\_

2. Full Address \_\_\_\_\_

3. Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

4. Email address \_\_\_\_\_

5. Did you work for the District during the PAST school year? Yes \_\_\_\_\_ No \_\_\_\_\_

6. **Will you be returning for the NEXT school year?** Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer NO to this question, your name will be removed from the district database.

7. Are you a retired teacher? Yes \_\_\_\_ No \_\_\_\_ 8. Is your PA Certification Active? Yes \_\_\_\_ No \_\_\_\_

9. List of your PA Certifications: (Teachers)

Area of Certification	Issuing State	Date Issued

10. Educational Background:

School or Institution	Major	Degree/Diploma/Credits Earned

11. Clearances: (Attach copies of your clearances)

If you have already provided updated clearances please check here  Yes  No

Clearance	Date Received
Pennsylvania State Police Criminal records check (Act 34)	
Department of Public Welfare Child Abuse History Clearance (Act 151)	
Federal Criminal History Record Check –fingerprints (Act 114)	

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**