



Cheryl Muter  
Personnel Coordinator

ADMINISTRATIVE OFFICE  
531 Jones Avenue, North Braddock, PA 15104 • 412-731-1300

## **EXTRA DUTY APPLICATION CHECKLIST**

*All submitted documents must be dated within one year of application date.*

- Application for EDR Position**
  - School Personnel Health form- Must obtain a TB test and a physical. Attached Health form must be filled out and signed by a doctor. Physical and TB test must be obtained within one year prior to application date. Proof of immunizations is required.**
  - Clearances**
    - Pennsylvania Criminal – <https://epatch.state.pa.us>**
    - Child Abuse History – [www.compass.state.pa.us/CWIS](http://www.compass.state.pa.us/CWIS)**
    - FBI Background Check (fingerprints) [uenroll.identogo.com](http://uenroll.identogo.com)**
      - >The code for paid EDR positions is 1KG6XN.**
      - >The code for Volunteer EDR positions is 1KG6Y3.**
- \*We cannot accept volunteer clearances for a paid EDR position\***

**Once you are hired for an EDR position, you will be contacted to schedule an appointment to fill out new hire documents (payroll forms, I-9, etc.) at the Personnel Office located at Woodland Hills Administration Building, 531 Jones Avenue, North Braddock, PA 15104.**

**If you have any questions, please contact Cheryl Muter, Personnel Coordinator, at 412-731-1300 x 0114 or [muitch@whsd.net](mailto:muitch@whsd.net). FAX # is 412-273-3604.**

**APPLICATION FOR EDR POSITION**

**Date of Application** \_\_\_\_\_

Application for the EDR Position of \_\_\_\_\_

for the \_\_\_\_\_ school year.

**NAME** \_\_\_\_\_  
(Last) (First) (Initial)

**ADDRESS** \_\_\_\_\_ **Telephone** (\_\_\_\_) \_\_\_\_\_  
(Street) (City/Zip)

**Present Assignment** \_\_\_\_\_ **School** \_\_\_\_\_

If you are not presently employed in the Woodland Hills School District,  
please indicate your present employment status if applicable.

\_\_\_\_\_  
(Employment status) (Employer)

Please state briefly your qualifications and experience for the above  
positions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Submit to: Building Level Principal**

\_\_\_\_\_  
(For District use only)

**Interview Date** \_\_\_\_\_

**Interview by:** \_\_\_\_\_ **Recommended: Yes** \_\_\_ **No** \_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Recommendation** \_\_\_\_\_  
(Building Principal)

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA DEPARTMENT OF HEALTH  
SCHOOL PERSONNEL HEALTH RECORD**

**I. Patient Information**

Last Name	First	MI	Sex	Date of Birth
Social Security Number		Home Telephone		Work Telephone
Mailing Address	Street	City	State	Zip
Usual Source of Medical Care	Physician's Name	Address	Telephone	
Emergency Contact – Name	Relationship	Address	Telephone	

**II. Immunization History**

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____		1.	

\* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

**III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)**

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	RESULTS (mm)		SIGNATURE		

For previously known/new positive reactors: \_\_\_\_\_

Chest X-ray: Date: \_\_\_\_\_ Results: \_\_\_\_\_ Other: Date: \_\_\_\_\_ Results: \_\_\_\_\_  
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered:  No  Yes Date: \_\_\_\_\_

**IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE:**

\_\_\_\_\_

\_\_\_\_\_

