



Baldwin-Whitehall School District

4900 Curry Road
Pittsburgh PA 15236-1817

APPLICATION FOR EXTRACURRICULAR POSITION - ATHLETICS

(Please complete all items. If the item is not applicable, please indicate by writing N/A in the space provided.)

Name _____

Date _____

Address _____

Telephone _____

Cell Phone _____

Social Security Number _____

Work Phone _____

E-mail _____

Current Position: (If teaching, specify field) _____

Person to notify in case of emergency _____

Telephone _____ Work Phone _____ Cell Phone _____

Education High School _____

Undergraduate School _____ Major _____ Minor _____

Graduate School _____ Major _____ Minor _____

Position Desired: Activity _____ School _____ Level _____

Please describe your experience, if any, with the activity:

Have you received any honors related to this activity? [] Yes* [] No

*If you answered yes, please describe the honors you have received.

Describe the personal qualities which you possess that you feel will help you be successful with the students.

Briefly describe your philosophy of coaching.

Professional Improvement (briefly indicate the approaches you would take to ensure your continued professional development in coaching).

Have you had First Aid Training?

Yes* No

*If you answered yes, describe the training you have received and list first aid certificates that have been achieved, if any.

References:

1. Name	Address	Position	Position
2. Name	Address	_____	
3. Name	Address	_____	

Additional comments:

It is the policy of the Baldwin-Whitehall School District not to discriminate on the basis of race, color, religion, sex, ancestry, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal and state laws, including the Equal Pay Act of 1963, Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Age Discrimination in Employment Act of 1975, the Americans with Disabilities Act of 1991, Pennsylvania Human Relations Act, and the Pennsylvania Equal Pay Act. For information about your rights or grievance procedures contact the Assistant Superintendent of Elementary Education's Office, 4900 Curry Road, Pittsburgh, PA 15236, or call 412-885-7572. 12/4/08

BACKGROUND CHECK

Criminal History – I swear or affirm that I have not been arrested for or convicted of any criminal offense except as follows (state “none” or list date, offense and disposition):

Check applicable block –

- I have submitted a current criminal history record information report with this application. I
- have submitted a signed request for a criminal history record information report. I understand and agree that any employment offer will be on a provisional basis for a period not to exceed thirty (30) days pending the District’s receipt of an acceptable report.

Child Abuse History – I swear or affirm that I have not been named as a perpetrator in any indicated or founded report of child abuse, and that I have not been named as an individual responsible for injury or abuse in such a report for school employees, except as follows (state “none” or list date, indecent and disposition):

Check applicable block –

- I have submitted an official DPW clearance statement with this application.
- I have submitted a signed request for a DPW clearance statement. I understand and agree that any employment offer will be on a provisional basis for a period not to exceed thirty (30) days pending the District’s receipt of an acceptable report.

I understand that false statements made in this employment application are made subject to 18 Pa.C.S. '4904 relating to unsworn falsifications to authorities, and also will result in discharge from employment with the Baldwin-Whitehall School District.

Applicant’s signature



There are three required background checks for **ALL** Baldwin-Whitehall School District Employees:

1. Act 34 - State Police Criminal History Record

Can be completed on-line at:

<https://epatch.state.pa.us/Home.jsp>

Reason for the request = **EMPLOYMENT**

2. Act 33/151 - Dept of Public Welfare Child Abuse Report

Can be completed on-line as of December 31, 2014 at:

<http://www.compass.state.pa.us/CWIS>

Reason for the request = **SCHOOL EMPLOYEE**

3. Act 114 - Federal Criminal History Record Information (CHRI) – FBI Fingerprint Report

Must be completed on-line at:

<https://www.pa.cogentid.com/index.htm>

Must be submitted through the **Pa Department of Education**

Reason for the request = **SCHOOL DISTRICTS**

Once you have submitted your information and receive a reference number, you must complete the process by having your fingerprints done at a designated Fingerprint Location (ie: AIU Building in the Waterfront)

NOTE: There is a fee for each Clearance.

If you have any questions, please contact HR at 412.884.6300 ext. 7460

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 _____

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:
 - 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)
 - 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.

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To:	Name of Current or Former Employer:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 business days as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s):	

Have you (Applicant) ever:

Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

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 willful failure to disclose the information

required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN!

Employing Entity receipt date: _____

Received by _____
Contact telephone#- _____

Dates of employment of Applicant: _____

To the best of your knowledge, has Applicant ever:

Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

Former Employer Representative Signature and Title

Date

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto.

Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Return all completed information to:

School Entity:		
Address:		Phone:
State:	Zip:	Fax:

COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(Pursuant to Act 168 of 2014)

Instructions

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. A school entity or Independent contractor may not hire an applicant who does not provide the required Information for a position involving direct contact with children.

Relevant

Definitions:

Direct Contact with Children is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

Sexual Misconduct is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

Abuse is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

Please
Note

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. The Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No.3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine willful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have willfully violated the provisions of Act 168.

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20_____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX
_____	_____	_____		<input type="checkbox"/> M <input type="checkbox"/> F
Last	First	Middle		

ADDRESS

_____	_____	_____	_____	_____	_____
No. and Street	City or Post Office	Borough or Township	County	State	Zip Code

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /		2 / /		3 / /
HIB	1 / /		2 / /		3 / /
Varicella	1 / /		2 / /		Varicella Disease or Lab Evidence Date:
Other: _____					

- MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:
Parent/Guardian notified of significant findings on _____.

Result of Diagnostic Studies: _____
Preventive Anti-Tuberculosis – Chemotherapy ordered. No Yes _____ Date

Significant Medical Conditions(√)

If Yes, Explain

	Yes	No	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination(√)

	Normal	Abnormal	Not Examined	Comments
Height (inches)				
Weight (pounds) BMI				
Pulse ()				
Blood Pressure				
Hair/Scalp				
Skin				
Eyes/Vision				
Ears/Hearing				
Nose and Throat				
• Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc				
Lung – Adventitious Finding				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number

**Baldwin-Whitehall School District
Nepotism Policy No. 304, 403, 503**

SECTION	Administrative, Professional, and Classified
TITLE	Nepotism
EFFECTIVE	December 11, 2014

	YES	NO
Are you related to any Baldwin-Whitehall School District employee or member of the Baldwin-Whitehall School Board?		

If yes, please list the names of relative(s) below:

NAME	RELATIONSHIP

PRINT APPLICANTS NAME	
APPLICANT'S SIGNATURE	
DATE	

Any misrepresentation or omission of any information on this document can be justification for refusal of employment, or is employed, termination from the Baldwin-Whitehall School District.

Original: Personnel File

**BALDWIN-
WHITEHALL
SCHOOL DISTRICT**

TITLE: NEPOTISM
 ADOPTED: MARCH 12, 2014
 EFFECTIVE: MARCH 12, 2014
 REVISED: DECEMBER 10, 2014
 REVISED: SEPTEMBER 14, 2016
 (Policy 503)
 REVISED: OCTOBER 12, 2016
 (Policy 304 & Policy 403)

SECTION: 304, 403, 503 NEPOTISM	
1. Purpose	The purpose of this policy is to prevent considerations of family relationship from inappropriately affecting the hiring and supervision of district employees and appointees. It is also the purpose of this policy to discourage favoritism, prevent disciplinary problems and inhibit personal cliques.
2. Definitions SC 1111	<p>Nepotism shall mean the hiring, rewarding, advancement or other favorable treatment of employees based upon or influenced by family relationships.</p> <p>Commissioned Officer shall mean the Superintendent, Assistant Superintendent or other commissioned officer of the school district.</p> <p>District Administrator or Supervisor shall mean any management or supervisory level employee not included within the definition of commissioned officer or professional employee.</p> <p>Board Member shall mean any person who is currently elected or appointed as a Director of the school district.</p> <p>Full-time and part-time regular employment with the district shall include all full-time and part-time regular positions, including coaches and extra-duty positions. It shall not include day-to-day substitute positions.</p> <p>Family member shall mean parent, brother, sister, husband, wife, son, daughter, stepson, stepdaughter, grandchild, grandparent, nephew, niece, first cousin, uncle, aunt, sister-in-law or brother-in-law.</p>
3. Authority	It is the policy of the Board to prevent nepotism, in actuality or appearance, to the fullest extent possible under the law. Except where specifically required under the policy for the prevention of nepotism, the family relationship of an employee or applicant for employment to a member of the Board or any other school district employee shall not be a basis for, factor in, nor an influence upon hiring, assignments, advancement, evaluation, or other personnel actions.
4. Guidelines	No applicant or candidate for full-time or part-time regular employment who is a family member of any Board member, Commissioned Officer, District

	<p>Administrator or Supervisor shall be employed by the district.</p> <p>The Board directs the Office of Human Resources to clearly identify in all of its job postings and/or applications for newly hired persons this Nepotism Policy and verify, in writing, by the applicant or candidate that they have read and understood this policy. All applicants and candidates shall be required to complete a written form disclosing any relationship with any current Board member, any Commissioned Officer or any other District Administrator or Supervisor. If during the employment process, the Superintendent or his/her representative becomes aware that an applicant or candidate for employment or appointment for a full-time and/or part-time position is a family member of a current Board member, Commissioned Officer or current District Administrator or Supervisor, the applicant shall be notified and removed from the list of viable candidates.</p> <p>No employee and/or appointee of the Baldwin-Whitehall School District newly hired or promoted from within the district shall supervise another employee or be supervised by another employee where a family member relationship exists between the evaluator and the employee and/or appointee who is being evaluated. Should such a relationship occur, the employee and/or appointee to be supervised shall be transferred to another position with no diminution of his/her employment status. In the event such a transfer is not possible, a nonrelated supervisor shall conduct the employment evaluation.</p> <p>It is the intention of the Board that this policy not affect the present employment status of persons currently employed, nor restrict the advancement or promotion of any employee as of the date of the adoption of this policy, unless where restricted by a supervisory relationship.</p>
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