

****A. Twin Valley School District - Substitute Teacher Candidate Instructions****

Please complete the paperwork contained in this folder.

- B. Application Form** – ALL employees must complete an application for their personnel record.
- C. Criminal Record Check** – All school district employees are required to submit a “Criminal Record Check” form that is less than five years old. If you currently have a document that is less than five years old, you may bring it to the Human Resource Office where it will be copied. If you do not have a criminal background clearance less than five years old, please follow these steps to obtain a new clearance:
- **On-line application:** Please log onto <https://epatch.state.pa.us>; complete the application form on-line and pay the \$8.00 fee by credit card, or
 - **Paper application:** Print and complete the form contained in this folder, and mail it with a money order for \$8.00, payable to “PA State Police”
 - Mail form and money order to:
Pennsylvania State Police
Central Repository – 164
1800 Elmerton Avenue
Harrisburg PA 17110-9758

Note: This mail-in process can take 4-6 weeks. The clearance form will be mailed to your home.

- D. Child Abuse History Clearance** – All school district employees are required to submit a “Child Abuse History Clearance” form that is less than five years old. ** (See information above if you have a child abuse history clearance that is less than five years old). To obtain a new clearance, please follow these steps:
- **On-line application:** The Pennsylvania Child Abuse History Clearance can be submitted and paid for online (\$8.00 fee) using a credit card, through the Child Welfare Information Solution (CWIS) self-service portal, www.compass.state.pa.us/cwis. Submitting an application online allows individual applicants to receive their results through an automated system that will notify the applicant once their results have been processed. Applicants will be able to view and print their results online.
 - **Paper application:** Print and complete the Child Abuse Clearance form contained in this folder; mail the document to the address located at the top of the form with a money order for \$8.00, payable to the *Department of Public Welfare*.

Note: This mail-in process can take 4-6 weeks. The clearance form will be mailed to your home.

- E. FBI Federal Criminal History Record** – All school district employees are required to submit a “FBI Federal Criminal History Record” that is less than five years old. If your FBI clearance is older than five years, you will need to obtain a new clearance by:
- Following the instructions contained on the document in this folder, or
 - On-line instructions/registration: For information on the multi-step process, including registering on-line and locations for fingerprinting, visit https://www.pa.cogentid.com/index_pdeNew.htm
 - Please note: pre-registration is required before going to the site for fingerprinting.
- F. Direct Deposit Agreement Form** – The school district pays by direct deposit. Please complete the form and if your payroll deposit will be going to your checking account, please attach a “VOID” check to the form.
- G. Form W-4** – A completed W-4 must be on file before our payroll department can issue payment.
- H. Employee Emergency Procedure Card** – Please complete in case an emergency may arise while you are working for the district. These cards are kept in the human resource office so we will have access to your information in case of an emergency.
- I. Form I-9, Employment Eligibility Verification** – The federal government requires employers to have every new employee complete this form. Please fill out the top portion. When the form is returned, you must submit original ID documents which will be copied in the Human Resource office. Acceptable ID documents can be found on the last page of the form. Once again, we must see the original ID documents.
- J. School Personnel Health Record** – All district employees are required to undergo a physical examination and a TB test with the physician of their choice. Results must be recorded on this form. If you have had a recent physical and TB test (within 3 months prior to the date of application), your doctor may complete the form to verify that the physical and TB test are still valid. Return this form to the human resource office.
- K. Work-Related Injury Form** – Please read the information contained on this form. Sign and date where indicated and return the signed page to the human resource office.
- L. Electronic Devices Form** – Please read and sign/date both pages of this form. Return this form with your paperwork. If you would like a copy for your records, please ask when you return your documents to the human resource office.
- M. Payment of Salary Earned In Case of Death** – Please complete this form and return to the human resource office.
- N. Act 29 Information Sheet** – Please complete this form. It may not pertain to all new employees, but it must be completed and returned to the human resource office.

- O. Acceptable Use of Internet/Electronic Communications** – ALL district employees must complete this form. Please read through the information provided and sign/date the last page. Return the last page only with your paperwork.
- P. Certificate of Residency** – Demographic information required by payroll department.
- Q. Emergency Medical Services Tax Memo** – For your information – does not need to be returned.
- R. Tax Sheltered Annuity Memo** – For your information. The plan summary is available upon request.
- S. AESOP Substitute Calling System** – AESOP User Guide Information. Twin Valley School District utilizes the AESOP Substitute Calling System to fill vacancies that require a substitute.
- T. PDE Arrest/Conviction Report and Certification Form** (under Act 24 of 2011) – All school district employees are required to complete this form.
- U. Marketplace Health Insurance Cover Letter & Options Information**
- V. Act 126 – Child Abuse Recognition & Reporting – State Mandated Training** – All school district employees are required to complete this training before starting employment.
- W. Act 168 - Sexual Misconduct Disclosure Form** - Follow the instructions included with the form.
-
- **Employee Handbook** – Will be given to you when you return your paperwork. Please read through the handbook. SIGN/DATE the page inside the front cover and return the white copy of this form to the district. This form is necessary for your personnel file.

Please bring the following documents to complete your application:

WE MUST SEE THE FOLLOWING DOCUMENTS.

COPIES WILL BE MADE IN OUR OFFICE

- *Original copies of ID for "Employment Eligibility Verification" form*
 - You will find a list of proper ID's on the form (Form I-9)
 - (1 document from list A OR 1 document from lists B AND C)
- *PA Teacher Certificate*
- *Official Transcripts*
- *Resume*
- *At least 2 Letters of Reference*
- *Praxis Scores*

**If you have any questions about any of the documents contained
herein, please contact the Personnel Office at
610-286-8600, ext. 1611 or 1652**

Instructions for Obtaining Clearances:

PA Child Abuse Clearance:

- Complete online at www.compass.state.pa.us/cwis (credit card required)
 - Print the form generated and submit to the district

OR

- Mail – follow steps below:
 1. Complete Section 1 on the form
 2. Obtain **\$8** money order payable to “Department of Public Welfare”
 3. Mail to: Childline and Abuse Registry
Department of Public Welfare
P.O. Box 8170
Harrisburg, PA 17105-8170

The mail in process can take 4 – 6 weeks, possibly more due to the number of requests at this time. The clearance form will be mailed to your home.

PA Criminal Background Clearance:

- Complete online at www.epatch.state.pa.us/Home.jsp (credit card required)
 - Print the form generated and submit it to the district

OR

- Mail – follow steps below:
 1. Complete “Requester” Information – Part 1 – you are the requester
 - Check “Employment” / “School District” under reason for request
 2. Obtain **\$8** money order payable to “PA State Police”
 3. Mail to: Pennsylvania State Police
Central Repository – 164
1800 Elmerton Avenue
Harrisburg, PA 17110-9758

This mail in process can take 4 – 6 weeks, possibly more due to the number of requests at this time. The clearance form will be mailed to your home.

FBI – Federal Criminal History Record:

****This is a finger-print based background check that must be done in multiple steps****

Registration must be done online and must be done before you go to have your fingerprints done. Please follow the instructions on the attached sheet.

If you have any questions about any of the clearances, please contact the Human Resources Office at (610) 286-8652.

Date: _____

Twin Valley School District
4851 N. Twin Valley Rd., Elverson, PA 19520
Phone: (610) 286-8652 / FAX (610) 286-8608

Supplemental Professional Application

Personal Information

Name _____ Phone Number (____) _____

Email _____

Supplementary Information

Area(s) of Certification _____

Cumulative Grade Point Average _____ G.P.A. of Certified Area _____

National Teacher Exam Scores _____ Student Teaching Grades _____ # of Credits _____

Do you have a founded or indicated report under the PA Child Abuse History Clearance? Yes or No

Are you eligible for veteran's preference consideration? Yes or No, If yes, please indicate dates: _____

Please indicate what type of position(s): () Permanent () Daily Substitute () Homebound

Date _____ Signature of Applicant _____

Twin Valley School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, gender and handicap in its activities, programs or employment practices as required by Title VI, Title IX, and Section 504. For information regarding civil rights or grievance procedures, contact Title IX Compliance Officer, Section 504 Coordinator, 4851 N. Twin Valley Rd., Elverson, PA 19520.

For Office Use Only:

Application Review Log

Date	Position Considered For	Person Reviewing Application

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
 1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

DO NOT SEND CASH OR PERSONAL CHECK

CHECK ONE BLOCK

- ☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$22.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
- ☐ NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$27.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
- ☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
<p>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only.</u></p>				
<p>FEE FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00. ***MAKE ALL MONEY ORDERS PAYABLE TO: <u>COMMONWEALTH OF PENNSYLVANIA</u>***</p>				
<p>REASON FOR REQUEST ◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶</p>				
<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST)				
<input type="checkbox"/> ADOPTION (DOMESTIC) <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VISA <input type="checkbox"/> OTHER				

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="display: flex; justify-content: space-between;"> <div>_____
SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____
OIM/CAO PHONE NUMBER</div> </div> |
|---|--|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

- ☐ Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please DO NOT WRITE in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

**FBI Federal Criminal History Records for
Pennsylvania Department of Education (PDE)
Prospective Pennsylvania School District Employees**

Employees hired on or after April 1, 2007 must provide to their employer their Federal Criminal History Record that cannot be more than one (1) year old.

The Process

The fingerprint-based background check is a multiple-step process, as follows:

1. **Registration** - Applicants must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8am to 6pm EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering on-line, an applicant must use the appropriate agency specific Service Code (**1KG6XN – Public School**) to ensure they are processed for the correct type of agency and/or applicant type. Using the correct service code (**1KG6XN – Public School**) ensures the background check is submitted for the correct purpose. Fingerprint requests processed through any other agency or purpose cannot be accepted. If an applicant enters the wrong code by mistake, the incorrect applicant type will appear at the top of the screen. The applicant should select the "Back to Home" button and begin the process again, by reentering the correct Service Code.

2. **Payment** - The applicant will pay a fee of \$22.60 for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Major Credit Cards as well as money orders or cashier's checks payable to **MorphoTrust** will be accepted on site. No cash transactions or personal checks are allowed.
3. **Fingerprint Locations** – After registration, the applicant proceeds to the fingerprint site of their choice from the approved list for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location before arrival.
4. **Fingerprinting** - At the fingerprint site the Enrollment Agents (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types may be found on the IDEMIA website at <https://uenroll.identogo.com>. Applicants will not be processed if they cannot produce an acceptable photo ID. After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.
5. **Report Access** – For the public or private school or higher education institution to access the official report via the electronic system, **applicants must present their UEID (Universal Enrollment ID) number to the hiring entity (as shown on the receipt provided after fingerprint capture)**. This process allows an applicant to provide multiple potential employers with their **UEID**, as the report is linked to the UEID number and not assigned to a specific school. If an applicant has lost their receipt or needs to confirm UEID, the applicant may visit the UEP website (<https://uenroll.identogo.com/>) and simply check status of their file by providing alternate personal information. Applicants will enter their personal information after clicking in the lower portion of that screen to obtain their receipt with the UEID.

Applicants will receive an unofficial copy of their report. However, the school is **required to review the official CHRI online** and print a file copy of the CHRI if the applicant is hired by the school or their contractor, or if the applicant is approved for student teaching.

EMPLOYEE EMERGENCY PROCEDURE

Twin Valley School District

PLEASE PRINT:

Employee's Name:	
Address:	
Home Phone:	
Cell Phone:	
Date of Birth:	

Note any physical condition that may require special treatment:

Person to Notify in Case of Emergency:	
Address:	
Home phone:	
Cell/Work phone:	
Preferred Physician:	
Address:	
Phone:	
Preferred Local Hospital:	
Date of Last: Physical Exam	
Date of Last: Chest X-Ray	

If emergency treatment is required, may the school authorities use their own judgement in securing the service of the doctor MOST EASILY ACCESSIBLE providing none of the aforementioned people can be reached? YES NO (Circle one)

Signature of Employee: _____ Date: _____

Rev. 1/5/11



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)		Title of Employer or Authorized Representative HUMAN RESOURCES DIRECTOR	
Last Name of Employer or Authorized Representative HADDOCK		First Name of Employer or Authorized Representative RITA		Employer's Business or Organization Name TWIN VALLEY SCHOOL DISTRICT	
Employer's Business or Organization Address (Street Number and Name) 4851 N TWIN VALLEY RD			City or Town ELVERSON		State PA
					ZIP Code 19520

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.