NON-PROFESSIONAL SUBSTITUTE CHECKLIST

******INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED******

Position Applied For _____

_____ **Non-Teaching Application** _____ **Resume (preferred, not required)**

_____ **Copy of High School Diploma/GED**

_____ **Official Transcripts, if required**
Must be sent electronically to kporterfield@casdfalcons.org or if via US Mail must be received unopened.

_____ **DD-214 (if military veteran)**

_____ **Arrest/Conviction Report (Act 24 of 2011)**

All clearances must be current (within one year). Links are also available on the Human Resources page of casdfalcons.org website for the following (please be sure to follow instructions carefully and use appropriate codes as provided by our instructions to avoid the cost of reapplication for clearances):

_____ **Criminal History Check (Act 34)** ____ **FBI Fingerprint Clearance (Act 114)**

_____ **Pennsylvania Child Abuse History Clearance (Act 151)**

*Applicants are responsible for costs of clearances.

**Applications and related documents will be kept on file for one (1) year. Outdated applications and related materials are destroyed on an annual basis.

ADDITIONAL REQUIREMENTS UPON BOARD APPROVAL

_____ **Confidentiality Policy**

_____ **Sexual Misconduct/Abuse Disclosure Release (Act 168 of 2014)**

_____ **Worker's Compensation Employee's Acknowledgement Form**

_____ **CASD Policy Compliance Form**

_____ **Payroll Forms**

IMPORTANT:

Applicants must make an appointment with Kelli Porterfield (kporterfield@casdfalcons.org) to review completed documents and receive proper forms for physical, TB test, and drug screening. Physical, TB test, and drug screening will be paid by CASD, however, you *MUST* use our provider.

Upon successful completion of physical, TB test, and drug screening, you will receive:

_____ **Photo ID Badge** ____ **CASD email address** _____ **AESOP log-in**

CONNELLSVILLE AREA SCHOOL DISTRICT
EMPLOYMENT APPLICATION
(To be used for all positions except Teacher and Coach)

PERSONAL

PLEASE PRINT IN INK

NAME: _____ DATE: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

TELEPHONE NUMBER: (____)_____

POSITION OBJECTIVE

Position applied for: _____Check all that apply: Full-time___Part-time___Substitute*___Seasonal___
*Food services employees, custodians, secretaries and monitors/aides are typically hired as substitutes and must be available for occasional, on-call work. Individuals on the substitute list within that job category are given consideration as regular positions become available. School police are typically hired on a part-time basis and are given consideration when full-time school police positions become available.

Shifts (Check all Applicable): 1st ____, 2nd ____ (list hours) _____, 3rd ____ (list hours) _____, weekends ____

Salary/Hourly Rate Expected: $_____ Available Start Date _____

Have you previously worked for the Connellsville Area School District? Yes ___ No ___ If yes, give date(s) and position ___

_____

EDUCATIONAL BACKGROUND

Name	City State	Major Course Subject	Circle last year completed	Graduated (Yes or No)	GPA	Degree
High School			1 2 3 4			
Business School/Vocational			1 2 3 4			
College			1 2 3 4			
Graduate School			1 2 3 4			

List other Training Programs you attended or Certifications you hold.

Name/Type/Act (of Training) Location/School Address Date(s) Attended Certification Yes/No/Number

_____

_____

_____

_____

List additional skills that you posses and/or equipment that you can operate. For example, typing, personal computer, programming, any machinery, etc.

_____

_____

EMPLOYMENT EXPERIENCE List all full and part time jobs held beginning with the most recent employment

Employed From Mo/Yr	To Mo/Yr	Firm's Name	Phone Number	Starting Salary	Starting Position Held
		Complete Address	( )	Ending Salary	Ending Position Held

Duties

Reason for seeking new employment

Are you currently employed? Yes _____ No _____

Supervisor or Other Manager Reference

May we contact present employer? Yes _____ No _____

Employed From Mo/Yr	To Mo/Yr	Firm's Name	Phone Number	Starting Salary	Starting Position Held
		Complete Address	( )	Ending Salary	Ending Position Held

Duties

Reason for seeking new employment

Supervisor or Other Manager Reference

Phone Number ( )

Employed From Mo/Yr	To Mo/Yr	Firm's Name	Phone Number	Starting Salary	Starting Position Held
		Complete Address	( )	Ending Salary	Ending Position Held

Duties

Reason for seeking new employment

Supervisor or Other Manager Reference

Phone Number ( )

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills, etc.

If a military veteran, or spouse of a deceased or disabled veteran, attach a copy of Report of Discharge (DD214).

Have you ever been 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_____

Are you subject to any visa or immigration status, which would prevent lawful employment? Yes_____No_____

If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Include your signature and date on the attachment.

Explain why you are interested in working for the Connellsville Area School District _____

_____

_____

_____

VERIFICATION/REFERENCE RELEASE

I certify that the information given on my application and/or resume is accurate to the best of my knowledge and that I have not withheld any information that would adversely affect my application. I grant the Connellsville Area School District permission to verify and investigate all references. I understand that false statements may be sufficient cause for rejection of this application or for dismissal if subsequent to my employment. I authorize the employers, schools or persons named to give any information regarding my previous employment, character, general reputation and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time for a complete disclosure of the nature and scope of any investigation requested by the Connellsville Area School District of a consumer reporting agency. If this application and/or resume is denied because of information contained in a consumer report from a consumer reporting agency, the applicant understands that the Connellsville Area School District shall so advise him/her, and shall supply the name and address of the consumer agency making the report. I hereby release said agency, employers, schools or persons from all liability for any damage for issuing this information. In addition, if accepted for employment, I hereby agree to abide by the rules and regulations of the Connellsville Area School District.

_____ _____

APPLICANT'S SIGNATURE DATE

The Connellsville Area School District does not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the American with Disabilities Act of 1990. As prescribed by the American with Disabilities Act, if needed, accommodations are available to assist in completing the application. If an accommodation is needed for an interview, it should be requested in advance.

The Connellsville Area School District is committed to maintaining a drug free workplace to provide a healthy, safe and productive workplace for all employees. All offers of employment will be contingent upon successfully passing the drug screen test and will be withdrawn upon a positive test result. In accordance with the Pennsylvania School Code, you will also be required to submit to a medical examination and a tuberculosis(TB) test, and to obtain Act 34 (State Police) & Act 151 (Department of Public Welfare) Clearances as a condition of employment. Additional clearances may be needed as legally required. Cost of the drug screen, medical examination, and TB test will be paid for by the Connellsville Area School District, if given by the district's provider. Cost for the clearances are the responsibility of the applicant.

Return completed application to:
CONNELLSVILLE AREA SCHOOL DISTRICT
732 ROCKRIDGE ROAD

CONNELLSVILLE, PA 15425
PHONE: 724-628-3300

This application will be kept on file for one year.

Connellsville Area School District
Drug Testing Consent Form and Release of Liability

I have applied for employment with Connellsville Area School District. As a condition for my application being considered, I understand and agree to undergo substance screening to be performed by MedExpress. I understand that if my test results are positive, I shall not be considered further by Connellsville Area School District for a position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Connellsville Area School District for screening purposes including MedExpress and any of its agents, servants, employees, or contractors to conduct such screening and to provide the results to Connellsville Area School District.

I hereby **RELEASE** Connellsville Area School District, MedExpress, and any person affiliated with Connellsville Area School District and any such institution, contractor or person conducting the screening **FROM LIABILITY** therefore.

Applicant Signature: _____

Date Signed: _____

Employee Name _____

We are required to send a "Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release" (under Act 168 of 2014) to your current employer. We are also required to send the release to all former employers that were school entities and/or where you have had direct contact with children. Please list the contact information for all employers described above. Additional space is on the back.

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of Current or Former Employer _____

Street Address _____

City, State, Zip _____

Telephone Number _____

SP 4-164 (12-2017)

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.pa.gov/home

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

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information *contained in the files of the Pennsylvania State Police Central Repository only.*

FEES FOR REQUESTS - $22.00. NOTARIZED FEE REQUESTS - $27.00.
******MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA ******

REASON FOR REQUEST

◄◄◄◄◄◄CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST►►►►►►

☐ INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. ($27.00 FOR REQUEST)

☐ ADOPTION (DOMESTIC) ☐ EMPLOYMENT ☐ VISA ☐ 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 CLEARANCE INSTRUCTIONS

The Pennsylvania Child Abuse History Clearance can now be submitted online, for a quicker response. You will be able to pay with a credit/debit card and will need an email address to create an account. Please log on to https://www.compass.state.pa.us/cwis and follow the instructions listed below to receive your clearance online. If you prefer, you may mail in the attached application with a $13.00 money order or check, a process that takes approximately three (3) weeks to receive your clearance.

1. Create a new account – You will be instructed to create a Keystone ID. This is similar to a user name.
2. 2. Once you receive the email with your temporary password, please again log on to https://www.compass.state.pa.us/cwis and follow the instructions.
3. 3. Purpose of certification – please select "School employee governed by the Public School Code" for school employment. You will be directed to complete several screens of information.
4. 4. Payment screens – when asked if an organization gave you a payment code, select "No". Click on "Make a payment" and enter your credit/debit card information.
5. Click "Submit" to finish your application. Check your email for a confirmation.
6. Once your application has been processed, you will receive an email. Please log in to view and print your clearance.

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 contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an $8.00 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 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)

- ☐ Foster parent
- ☐ Prospective adoptive parent
- ☐ Employee of child care services
- ☐ School employee governed by the Public School Code
- ☐ School employee not governed by the Public School Code
- ☐ Self-employed provider of child-care services in a family child-care home
- ☐ An individual 14 years of age or older applying for or holding a paid position as an employee
- ☐ An individual seeking to provide child-care services under contract with a child care facility or program
- ☐ An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, 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
- ☐ 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

- ☐ Volunteer having contact with children

  If purpose is volunteer having contact with children, choose SUB PURPOSE:

  - ☐ Big Brother/Big Sister and/or affiliate
  - ☐ Domestic violence shelter and/or affiliate
  - ☐ Rape crisis center and/or affiliate
  - ☐ Other: _____

- ☐ PA Department of Human Services Employment & Training Program participant (signature required below)

_____ SIGNATURE OF OIM/CAO REPRESENTATIVE

_____ OIM/CAO PHONE NUMBER

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** ☐ Male ☐ Female ☐ 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
☐ 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.	☐ Parent ☐ Guardian ☐ person(s) who raised you		
2.	☐ Parent ☐ Guardian ☐ 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 ☐ YES ☐ NO ☐ VALID PAYMENT AUTHORIZATION CODE ☐ 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 contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an $8.00 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 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.
- 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, licensed child-care home, 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, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings 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 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:

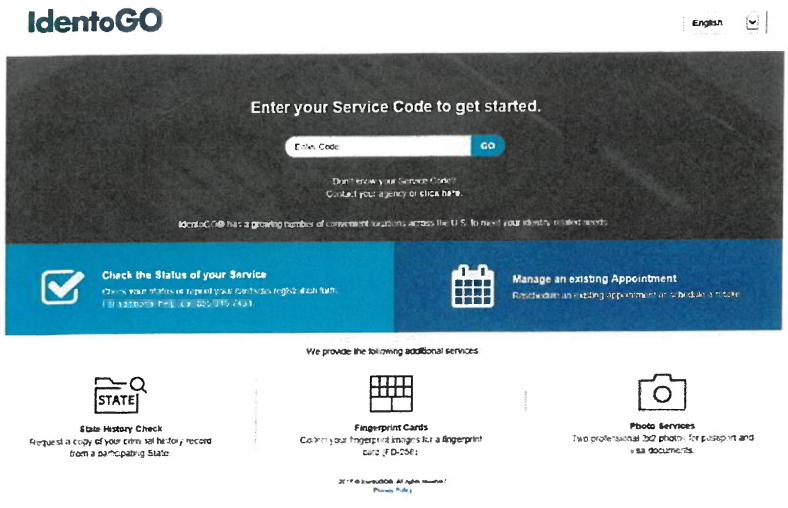
- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

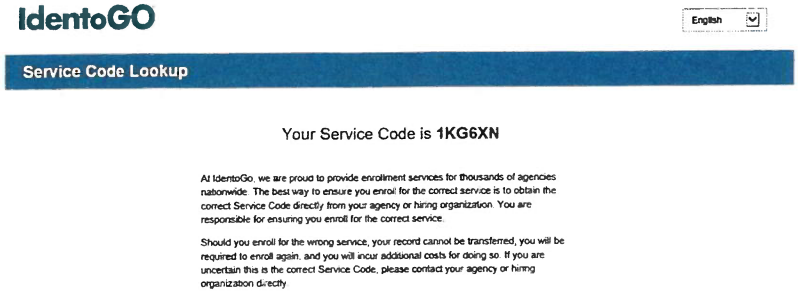
CHILDLINE USE ONLY:

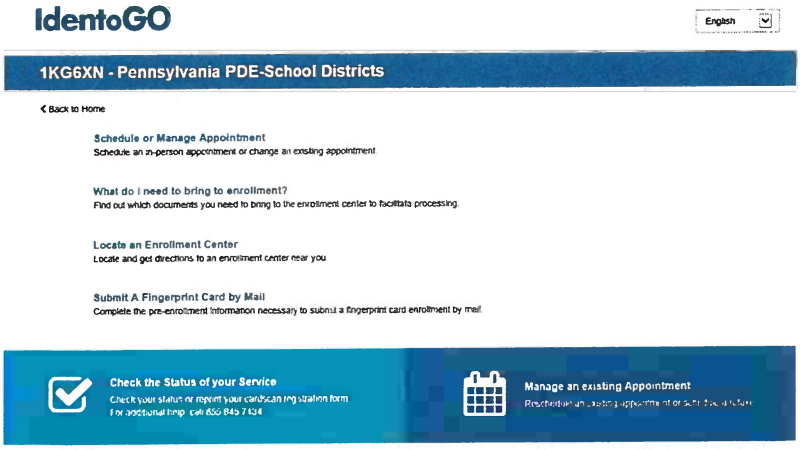
- Please DO NOT WRITE in this section. This is for CHILDINE staff only.

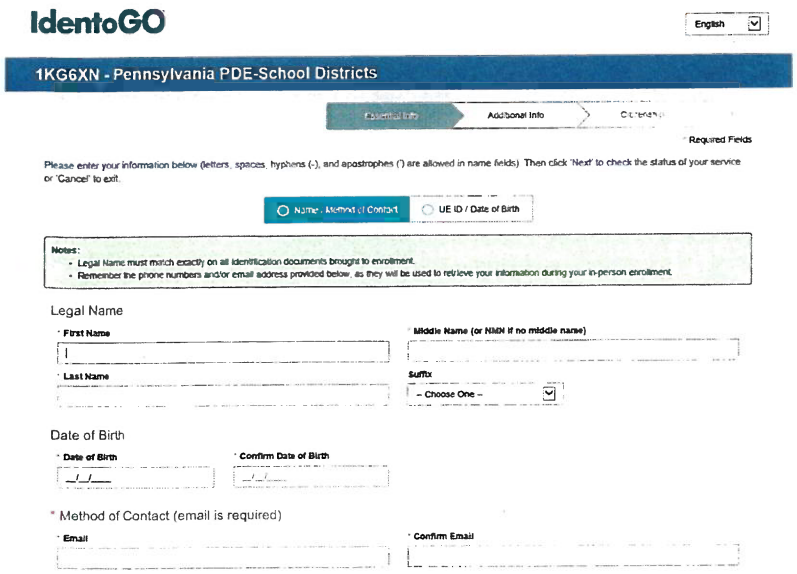
Additional Information:

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 FINGERPRINT CLEARANCE

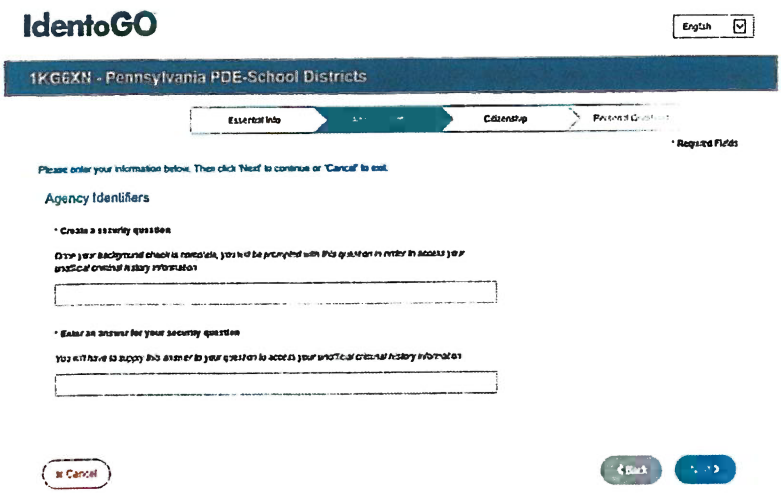
Effective November 28, 2017 the PDE has changed vendors for FBI fingerprint clearance processing from Cogent to IDEMIA.

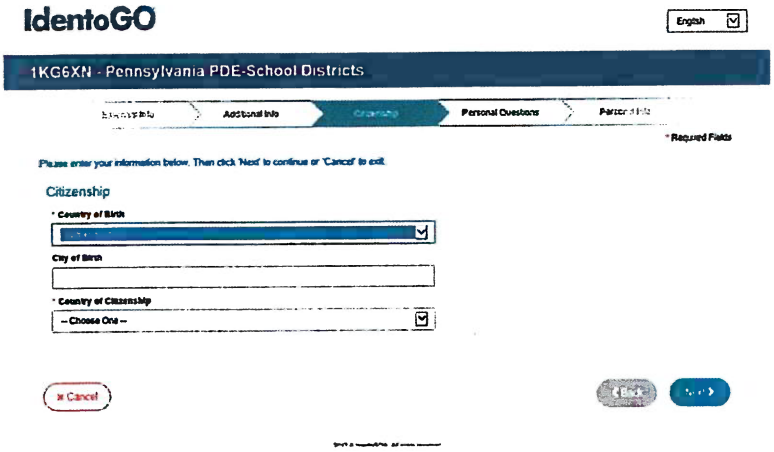
https://uenroll.identogo.com/

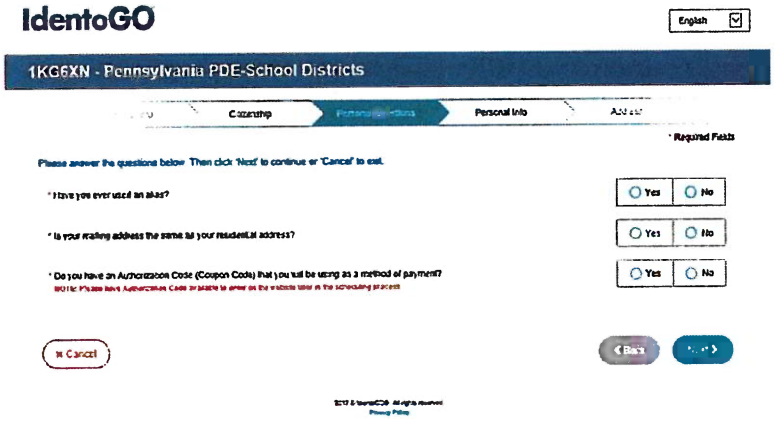
Cost is $ 26.20

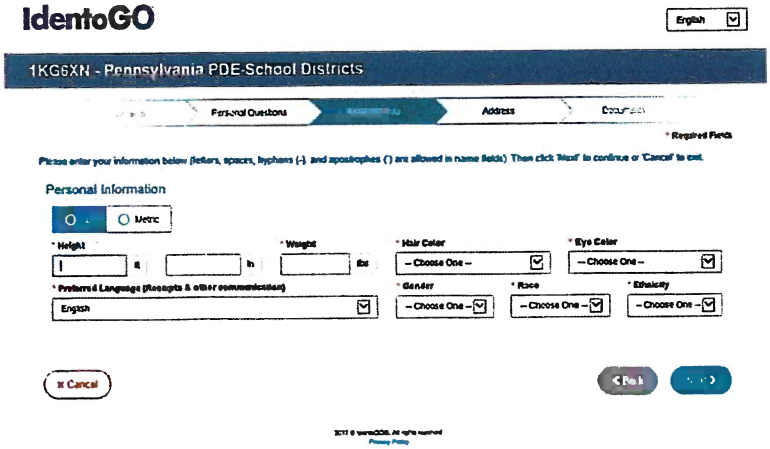
Registration is required in order to have fingerprints taken.

1. Go to IDEMIA's website: https://uenroll.identogo.com/
2. Enter Service Code "1KG6XN"
3. Press Continue
4. Select Schedule or Manager Appointment
5. Enter Name, Birthdate, Email and Phone number



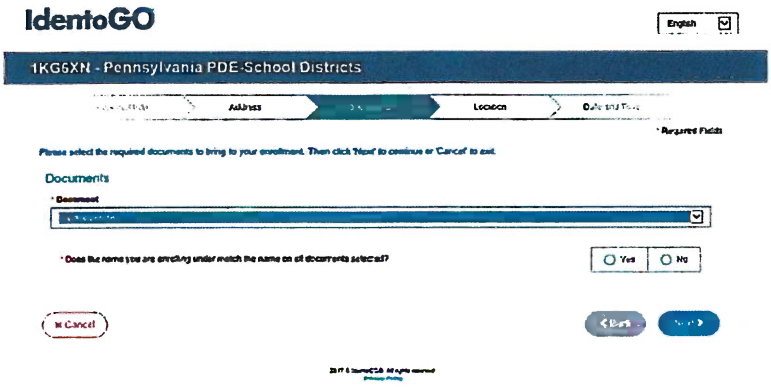


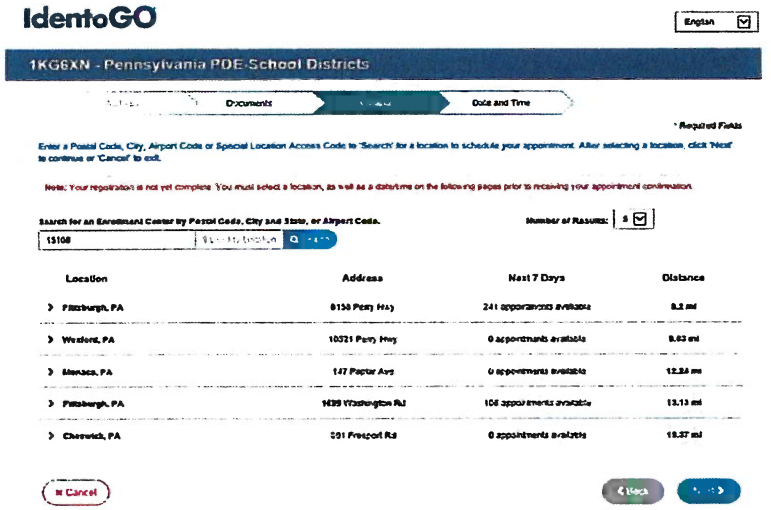


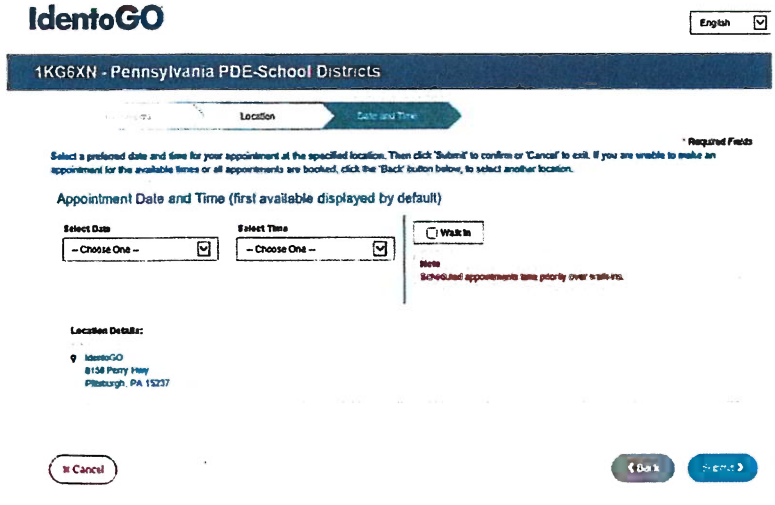


FBI FINGERPRINT CLEARANCE CONT.

1. Create a Security Question and Answer (notate for future reference)
2. Enter Citizenship Information
3. Enter answers to Personal Questions
4. Enter Personal Information







FBI FINGERPRINT CLEARANCE CONT.

10. Enter Address

12. Choose Document that you will bring with you for ID

13. Select Location

14. Schedule Appointment

15. Submit Registration

16. Print Confirmation

17. Payment is processed when prints are taken

18. Provide UEID to employer once prints have been processed

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 names by 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.