

Copy of your HS Diploma or GED

Complete the attached Support Staff Application form and return it to FASD for review.

Complete the following AFTER you have been interviewed and offered a position.

I-9 form – Please provide a copy of your **license** and **social security card** OR **passport** along with the completed form.

Physical / TB - The instructions are attached for your physical and TB test that will need completed prior to your first day of employment. (If you have had a physical within 1 year and a TB Test within 90 days please provide FASD with this paperwork.)

Act 24 - PDE 6004 Form - Please complete.

Clearances - Instructions attached for PA Criminal History, FBI Clearance and PA Child Abuse Clearance. (2 clearances can be done online and the FBI must be in-person at an Identigo facility.) ****Must be less than 1 year old and not volunteer clearances.**

Mandated Reporter Training - Please complete the online training and print a copy of the certificate and submit to FASD.

Act 168 - Complete for every school or facility that you have worked with children in PA.



FAIRFIELD AREA SCHOOL DISTRICT

Application for Employment (Support Staff)

Personal Information

Last Name	First Name	Middle Initial	Social Security No.
Current Address	City	State	Zip Code
Primary Phone Number	Email:		

Position Desired:

Education

School Attended	Address
High School	(Attach Copy of Diploma or GED)
College / Other	

Employment History (Most Recent First)

Employer	Position	Reason for Leaving
Start Date	End Date	Currently Employed <input type="radio"/>
Company Address		Pay Rate
Supervisor's Name		Company Phone No.
Employer	Position	Reason for Leaving
Start Date	End Date	Currently Employed <input type="radio"/>
Company Address		Pay Rate
Supervisor's Name		Company Phone No.
Employer	Position	Reason for Leaving
Start Date	End Date	Currently Employed <input type="radio"/>
Company Address		Pay Rate
Supervisor's Name		Company Phone No.

References			
Name	Address	Phone Number	Title
Name	Address	Phone Number	Title
Name	Address	Phone Number	Title

We are pleased that you are interested in applying for a support staff position with the Fairfield Area School District. Support Staff positions include: Coaches/Advisors, Secretaries, Classroom Aides, Cafeteria Aides, Custodians and Maintenance. We are actively seeking outstanding, student-centered people to join our team.

The Fairfield Area School District does not discriminate nor deny services on the basis of sex, race, color, creed, national origin, age or disability in its education programs or activities nor in its employment practices.

RETURN COMPLETED APPLICATION TO:

Fairfield Area School District
Human Resources
4840 Fairfield Road
Fairfield, PA 17320



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number		
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
			<input type="checkbox"/> 1. A citizen of the United States				
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
			<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
			If you check Item Number 4., enter one of these:				
			USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee			Today's Date (mm/dd/yyyy)				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/I-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320

www.fairfieldpaschools.org

INSTRUCTIONS FOR HEALTH PHYSICAL

NEW EMPLOYEES:

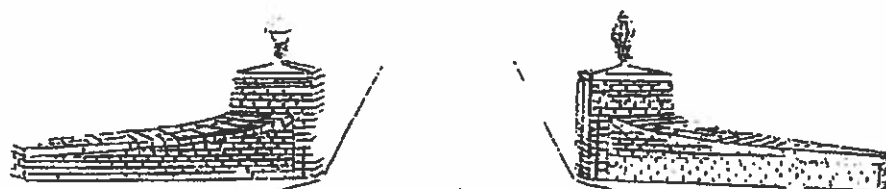
It is mandatory that all new employees receive a physical examination and a TB test by a licensed physician prior to employment with the Fairfield Area School District. Our school physicians are located at a short distance from the school; address listed below. The cost of the physical is paid by the District, however, if you decide to go to your family doctor, you will incur the expense.

Please call to set up an appointment as soon as possible. After completion of the physical and TB test, please send the completed paperwork to the Central Office. Originals will be filed in the nurse's office.

Thank you for your cooperation.

WELLSPAN (Fairfield Family Medicine)
4910A Fairfield Road
Fairfield, PA 17320

717-339-3175



Fairfield Area School District

SCHOOL PERSONNEL HEALTH RECORD
(FOR USE AFTER OFFER OF EMPLOYMENT HAS BEEN MADE)

I. INFORMATION

School Position Offered _____

Last Name	First	MI	Sex	Date of Birth
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Home Phone	Cell Phone	Work Phone
------------	------------	------------

Mailing Address: Street	City	State	Zip
-------------------------	------	-------	-----

Emergency Contact

Name:	Relationship:
-------	---------------

Address:

Telephone number: (Home)	(Work)	(Cell)
-----------------------------	--------	--------

II. IMMUNIZATION HISTORY (Recommended, but not mandated by law)

VACCINE Check appropriate box	Enter Month, Day, and Year Each Immunization DOSE Was Given				
	1	2	3	4	5
Diphtheria, Tetanus with Pertussis <input type="checkbox"/> Td <input type="checkbox"/> TdaP					
Hepatitis B					
Measles-Mumps-Rubella (MMR)			Rubella Serology/Date/Titer Mumps disease diagnosed by a physician: Date Measles Serology/Date/Titer		
Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease <input type="checkbox"/> Serology Date: Neg/Pos					
Influenza					

III. TUBERCULOSIS SKIN TEST RESULTS (Testing required per Regulations of the Department of Health)

DATE GIVEN	SITE: LA / RA	GIVEN BY:	ANTIGEN NAME	MANUFACTURER / LOT # / EXP DATE	SIGNATURE
DATE READ	RESULTS in MM		READ BY SIGNATURE		

OR

IGRA TEST RESULTS

DATE COLLECTED	TEST NAME (QFT-GIT, T-SPOT, etc)	POSITIVE	NEGATIVE	INDETERMINATE	QUANTITATIVE RESULT

DATE TEST COMPLETED _____

SIGNATURE _____

Previously known/new positive reactors: _____

Chest X-ray:
(Attach a copy of the report.)

Date:

Results:

Other:

(Attach a copy of the report.)

Date:

Results:

Preventive Anti-Tuberculosis Chemotherapy ordered: ☐ No

☐ Yes

Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PRIMARY CARE PROVIDER REPORT MUST STATE THAT THE APPLICANT IS CURRENTLY FREE FROM TUBERCULOSIS DISEASE.

IV. MEDICAL CONDITIONS (✓)

	Yes	No	If Yes, Explain:
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"/>	

V. PHYSICAL EXAMINATION (✓)

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches)				
Weight (pounds)				
Pulse				
Blood Pressure				
Hair/Scalp				
Skin				
Eyes - Visual Acuity: RL				
Eyes - Color Vision				
Ears - Hearing (dB) RL				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart - Murmur, etc...				
Lungs - Adventitious Findings				

Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				

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

Are there any special equipment or accommodations needed to enable this person to perform their duties? If so, specify

Physician Name (Print) Signature of Examiner

Date

Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

Signature of Employee

Date

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:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ 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) | <ul style="list-style-type: none"> ▪ 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.

PENNSYLVANIA CRIMINAL HISTORY CHECK – ACT 34

Fairfield Area School District

4840 Fairfield Road

Fairfield, PA 17320

(717) 642-8228

* Electronic Submission

- Access the PATCH website: <https://epatch.pa.gov/home> 24 hours/day, 7 days/week
- The applicant will pay a fee of \$22.00 for the background check. When using the website, you must use a credit card to pay this fee. If you do not have a credit card, you will need to submit your application via the paper form (see “Paper Submission”)
- From the homepage, click on “Submit a New Record Check” under **Credit Card Users**
- Next, you will be presented with the Terms and Conditions for the Use of PATCH. Read carefully and click “Accept.”
- Continue through the application process by completing the requested fields (note: under REASON FOR REQUEST, select “Employment”)
- On the Record Check Results page, click on the Control # listed. This will take you to the Record Check Details page. Click on “Certification Form” on the Record Check Details page to access a printable certificate validating that a record check was conducted for the named individual (you). Please write down the Control Number and the Request Date. This information, along with a copy of the Certification Form, should be provided to the Human Resources Department in order to validate the results. Make sure you keep a copy for yourself. By law, Human Resources CANNOT provide a copy of the clearance results to the applicant.
- Once this background check has been requested, one of the following possible responses will be immediately received:
 - “NO RECORD” – indicates that there is no criminal history information contained in the files of the Pennsylvania State Police Central Repository. **THE CERTIFICATION FORM/SCREEN FOR “NO RECORD” SHOULD BE PRINTED AND USED AS THE ORIGINAL.** This will need to be returned to Human Resources. A copy will be made for your file and the original returned to you.
 - “PENDING” – indicates that a response did not come back quick enough. If this is the response received, please check the status at a later time.
 - “REQUEST UNDER REVIEW” – indicates that the user must periodically check back to determine that final status which would be either “NO RECORD” or “RECORD”
- All “RECORD” status responses will be mailed to the address provided by the applicant and this document must be provided to Human Resources. A copy will be made for your file and the original returned to you.

*** PAPER SUBMISSION**

- Request form SP4-164 from Human Resources or from the Pennsylvania State Police website: www.psp.pa.gov (scroll down and click on “Request a Criminal History Record” under PSP SERVICES)
- Form must be completed in ink. Include your name, address, and telephone number as the Requester. Do not use the name or address of the District as the Requester.
- At the top right of the form (across from address field) under CHECK ONE BLOCK, check the box for “Individual/Noncriminal Justice Agency”
- Under the REASON FOR REQUEST section, check the box for “Employment/Screening”
- Enclose a certified check or money order for \$22.00, payable to the “COMMONWEALTH OF PENNSYLVANIA.” NO cash or personal checks will be accepted.
- Mail application to: **Pennsylvania State Police Central Repository-164**
1800 Elmerton Avenue
Harrisburg, PA 17110-9758
- The State Police will process the applications as they arrive. The State Police will return the Criminal Record Check to the applicant by mail within approximately 4 weeks. To inquire on the status of your Criminal Record Check, call 1-888-QUERYPA (1-888-783-7972).
- The original background check results need to be submitted to FASD. The original will be reviewed, a copy will be made for your personnel file, and the original returned to you.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE - ACT 151

Fairfield Area School District

4840 Fairfield Road

Fairfield, PA 17320

(717) 642-8228

*Electronic Submission

The Pennsylvania Child Abuse History Clearance can now be submitted and paid for online through the **Child Welfare Information Solution (CWIS) self-service portal**. The cost \$13.00.

In order to submit your application online, you will first need to establish a **KEYSTONE ID**.

- Access the self-service portal at www.compass.state.pa.us/cwis or you can also access the portal using a link provided under "CLEARANCES" on the Pennsylvania government website, www.KeepKidsSafe.pa.gov

- In the Child Welfare Portal window, click "CREATE A NEW ACCOUNT"
- You will be presented with a welcome page. Please read and then scroll down and click "NEXT"
- Complete all fields requested. You will also be asked to set-up 3 security questions and answers that will be used in the event that you forget your password.
- Click "FINISH"

You will then receive two e-mails; (1) confirmation of the Keystone ID that you selected, and (2) one that contains your temporary password. Upon receipt, return to the self-service portal at www.compass.state.pa.us/cwis and in the Child Welfare Portal window, click "LOGIN." You will be asked to enter your Keystone ID and temporary password. You will then be prompted to set-up a new password.

Once you have your Keystone ID and password created, please refer to the following instructions to assist you with the electronic submission of your child abuse application:

- Access the self-service portal at www.compass.state.pa.us/cwis using your Keystone ID and password
- Click "CREATE CLEARANCE APPLICATION"
- Read the Getting Started information page and then click "BEGIN"
- Select appropriate APPLICATION PURPOSE - **ALL employees, prospective employees, AND volunteers must select "SCHOOL EMPLOYMENT"**
- Click "NEXT"
- Enter APPLICANT INFORMATION; click "NEXT" once complete enter all required fields; this includes providing previous names/nicknames and contact information
- Enter CURRENT ADDRESS; click "NEXT" once complete - Please note, electronic results of this clearance will be available through your PA Child Abuse History Clearance Account however, you are also given the option of receiving a paper version of your clearance certificate.
- Enter all PREVIOUS ADDRESSES since 1975; click "NEXT" once complete
- Enter HOUSEHOLD MEMBERS with whom you have lived with since 1975; click "NEXT" once complete
- You will be provided with an APPLICATION SUMMARY. Carefully review the information you entered and edit if necessary; click "NEXT" once complete
- Complete the e-SIGNATURE; click "NEXT" once complete

You will then be presented with the "APPLICATION PAYMENT" page. Answer "NO" to the question about being provided with a payment code.

- Click "SUBMIT APPLICATION"
- You will be asked to supply your credit/debit card information; click "PAY NOW" once complete
- You will be taken to a stop-over page entitled "PAYMENT COMPLETED." **Your application has not been submitted yet. You must click on "FINALIZE AND SUBMIT APPLICATION"**

- You have successfully completed the process if you receive a “SUBMISSION CONFIRMATION” page
- Make sure you click “LOGOUT” when you are ready to leave the website

You will receive two e-mails (if you provided an e-mail address during your application submission). The first e-mail will confirm that your application was successfully received. The second e-mail is notification that your application was processed and your results are ready to be viewed.

To review your results electronically, access the self-service portal at www.compass.state.pa.us/cwis . Log in using your Keystone ID and password. As you scroll down the page, you will see your e-Clearance ID number and below that, a green icon stating that “Your Application Has Been Processed.” Click where indicated to access your paper certificate. Print out two copies; one to submit to Human Resources and the other for your records. By law, Human Resources CANNOT provide a copy of the clearance results to the applicant.

***Paper Submission**

The Pennsylvania Child Abuse History Clearance form can be found on the Pennsylvania government website, www.KeepKidsSafe.pa.gov. (There is also a link to this website on the Department of Human Services (formerly the Department of Public Welfare) homepage, www.dhs.state.pa.us .) Complete the following steps in order to retrieve the required form:

- On the left-hand side of the homepage, click “DOWNLOAD THE PA CHILD ABUSE HISTORY CLEARANCE FORM”
- Go to page 3 of the form, “Directions to Complete the Pennsylvania Child Abuse History Clearance Application.” Only Section 1, or the first page of the application, must be completed. Page 2 is for the Department of Human Services (DHS) use only.

Please note that for ALL employees, prospective school employees AND volunteers, the School Employee box should be checked under the “Purpose of Clearance” item on the application.

Remember to enclose a **\$13.00 money order, payable to: DEPARTMENT OF PUBLIC WELFARE**, for each application. No cash or personal checks are accepted. Agency or business checks are acceptable. Do not send any postage paid return envelopes.

Mail application to: **CHILDLINE AND ABUSE REGISTRY
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 8170
HARRISBURG, PA 17105-8170**

Clearance results will be mailed directly to you and not the District. You must bring the original clearance results in to the Human Resources Department for review. A copy will be made and the original returned to you for your records.

FEDERAL CRIMINAL HISTORY REPORT – ACT 114

Fairfield Area School District
4840 Fairfield Road
Fairfield, PA 17320
(717) 642-8228

- ✓ Applicants **MUST** register via the following: www.uenroll.identogo.com - (24 hours/day, 7 days/week) or 1-844-321-2101, 8:00 am – 6:00 pm
- ✓ **When registering, you must enter the appropriate service code for PA Department of Education – 1KG6XN.**
- ✓ Once registered, you may have your fingerprints taken at any of the locations listed on this site www.identogo.com/locations or at: **Lincoln Intermediate Unit #12**
65 Billerbeck Street
New Oxford, PA 17350
- ✓ The applicant is required to use a credit card to pay the fee of \$25.25 for the clearance upon being fingerprinted.
- ✓ You must provide proof of identity upon arrival at the Fingerprint Center such as a state issued driver's license, state ID card, passport, etc.
- ✓ Once your fingerprints are taken at a fingerprint location, you will be issued a receipt with your **UEID (Universal Enrollment ID)**. This is the number you must provide to the human resource department so they can access your FBI clearance on-line.

More detailed information may be found at www.identogo.com

Child Abuse Mandated Report Training Certificate-

<http://www.reportabusepa.pitt.edu>

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 complete 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 calendar 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.

**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)

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

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 calendar 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) held with the entity:	

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.

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 correct, complete, and true to the best of my knowledge. 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. I understand that third party vendors may be used to process this Act 168 pre-employment history review.

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)

Dates of employment of Applicant: _____

Contact telephone #: _____

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?
- ☐ No records or other evidence currently exists regarding the above questions. I have no knowledge of information pertaining to the applicant that would disqualify the applicant from employment.

Former Employer Representative Signature and Title

Date

Return all completed information to:

School Entity/Independent Contractor:			
Address:		Phone:	
City:	State:	Zip:	Fax: Email:
Contact Person:			Title:

Date Form Received: _____

Received by: _____