

## **APPLICATION MATERIALS FOR NEW HIRES (EDUCATORS)**

1. Standard Teaching Application
2. FBI Fingerprint Clearance – Registration Process (Attached)
3. Criminal History Clearance - <https://epatch.pa.gov/home>
4. Child Abuse Clearance - <https://www.compass.state.pa.us/cwis/public/home>
5. Act 168 – Sexual Misconduct Form (Attached)
6. PDE 6004 – Arrest and Conviction Form (Attached)
7. I-9 – Immigration Form (Attached) – Along with a Copy of Driver's License and Social Security Card
8. Pre-Employment Drug Screen – Call Kristin Black/Athletic Director for an appointment – 570-657-6143
9. Health Physical with TB Test (Attached) **(30 Days Upon Hire to Complete)**
10. Act 126 – Mandated Reporter Training **(30 Days Upon Hire to Complete)**

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

### **Emergency Certification Information for Non-Certified Candidates**

1. Create an Account in the Teacher Information Management System (TIMS) on the Pennsylvania Department of Education Website –

<https://www.education.pa.gov/Educators/Certification/Pages/TIMS.aspx>

<https://www.education.pa.gov/Educators/Certification/Staffing%20Guidelines/Pages/CSPG13.aspx>

2. Apply for your Emergency Certification after August 1<sup>st</sup>

**Questions: Please contact Melissa Schoenberger/Executive Assistant to the Superintendent –**  
[schoenbergerm@panthervalley.org](mailto:schoenbergerm@panthervalley.org)

# STANDARD APPLICATION

## For Teaching Positions in Pennsylvania Public Schools

(PLEASE PRINT OR TYPE)

POSITION(S) DESIRED \_\_\_\_\_

NAME

LAST

FIRST

MIDDLE

PROFESSIONAL PERSONNEL ID

PRESENT ADDRESS

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

PERMANENT ADDRESS

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

E-MAIL ADDRESS (IF AVAILABLE) \_\_\_\_\_

LIST, IN ORDER OF PREFERENCE, THE GRADES, SUBJECTS AND/OR POSITIONS FOR WHICH YOU ARE APPLYING:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID PENNSYLVANIA AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN A PENNSYLVANIA CERTIFICATE IN ORDER TO TEACH IN PENNSYLVANIA PUBLIC SCHOOLS.)

| AREA OF CERTIFICATION | ISSUING STATE | DATE ISSUED |
|-----------------------|---------------|-------------|
|                       |               |             |
|                       |               |             |
|                       |               |             |
|                       |               |             |

HAVE YOU ACQUIRED TENURE IN PENNSYLVANIA? \_\_\_\_\_

IF YES, IN WHAT SCHOOL DISTRICT? \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

IF YOU ARE NOT EMPLOYED FULL TIME, ARE YOU INTERESTED IN BEING PLACED ON OUR SUBSTITUTE LIST?

LONG-TERM

☐

YES

☐

NO

SHORT-TERM

☐

YES

☐

NO

YES

☐

NO

## EDUCATIONAL BACKGROUND

|                    | SCHOOL OR INSTITUTION AND LOCATION | MAJOR/<br>MINOR | DIPLOMAS,<br>DEGREES OR<br>CREDITS EARNED | GRADE POINT<br>AVERAGE<br>(GPA) |
|--------------------|------------------------------------|-----------------|---|---------------------------------|
| HIGH SCHOOL        |                                    |                 |   |                                 |
| COLLEGE/UNIVERSITY |                                    |                 |   |                                 |
| COLLEGE/UNIVERSITY |                                    |                 |   |                                 |
| GRADUATE STUDY     |                                    |                 |   |                                 |
| GRADUATE STUDY     |                                    |                 |   |                                 |

## EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

| Dates                       |  | Name of Employer and Address |                     | Your Title           |
|-----------------------------|--|------------------------------|---------------------|----------------------|
| From                        |  |                              |                     |                      |
| To                          |  |                              |                     |                      |
|                             |  | (Area Code) Telephone:       |                     |                      |
| Work Performed:             |  |                              | Reason for Leaving: |                      |
|                             |  |                              |                     |                      |
| Name & Title of Supervisor: |  |                              |                     | Final Yearly Salary: |
|                             |  |                              |                     |                      |
| Dates                       |  | Name of Employer and Address |                     | Your Title           |
| From                        |  |                              |                     |                      |
| To                          |  |                              |                     |                      |
|                             |  | (Area Code) Telephone:       |                     |                      |
| Work Performed:             |  |                              | Reason for Leaving: |                      |
|                             |  |                              |                     |                      |
| Name & Title of Supervisor: |  |                              |                     | Final Yearly Salary: |
|                             |  |                              |                     |                      |
| Dates                       |  | Name of Employer and Address |                     | Your Title           |
| From                        |  |                              |                     |                      |
| To                          |  |                              |                     |                      |
|                             |  | (Area Code) Telephone:       |                     |                      |
| Work Performed:             |  |                              | Reason for Leaving: |                      |
|                             |  |                              |                     |                      |
| Name & Title of Supervisor: |  |                              |                     | Final Yearly Salary: |
|                             |  |                              |                     |                      |

Please list activities that you are qualified to supervise or coach:

|  |
|--|
|  |
|--|

If you have not been previously employed in a teaching position, please complete the following:

### STUDENT OR PRACTICE TEACHING

| GRADE OR SUBJECT TAUGHT | NAME AND ADDRESS OF SCHOOL | 1. COLLEGE SUPERVISOR<br>2. COOPERATING TEACHER |
|-------------------------|----------------------------|---|
|                         |                            | 1.  |
|                         |                            |   |
|                         | 2.                         |   |
|                         |                            | 1.  |
|                         |                            |   |
|                         | 2.                         |   |

#### Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

### REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

| NAME | POSITION | ADDRESS | TELEPHONE |
|------|----------|---------|-----------|
|      |          |         |           |
|      |          |         |           |
|      |          |         |           |
|      |          |         |           |

### OTHER QUALIFICATIONS

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 or professional development activities:

|  |
|--|
|  |
|--|

## GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever 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

Have you ever been professionally disciplined in any state? ☐ Yes ☐ No

Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission.

Are you subject to any visa or immigration status, which would prevent lawful employment? ☐ Yes ☐ No

**Note:** 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. Please print and sign your name on the sheet, and include your social security number.

**ACT 34 Clearance (PA State Police Criminal Background Check)**

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

\*\*\*\*\*

**ACT 114 (Federal Criminal History Record)**

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

\*\*\*\*\*

**ACT 151 Clearance (PA Child Abuse History Clearance)**

Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

\*\*\*\*\*

**ESSAY**

Please write an essay as described on page six. For your convenience, you may attach a sheet; however, your essay may not exceed one page. At the bottom of the attachment, please print and sign your name.

\*\*\*\*\*

**CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of \_\_\_\_\_ (school district) may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate (in ink)  
[Must be original]

*Pennsylvania school districts shall 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, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.*

## ESSAY

We are interested in your ability to organize and express thoughts on a specific topic in a succinct manner. Please select one of the following topics and write an essay in the space provided on this page.

1. The Most Important Qualities of an Outstanding Educator.
2. My Philosophy of Student Discipline.
3. The Importance of Continuing Professional Development and How I Plan to Incorporate It Throughout My Career.
4. Essential Elements of Instruction, Administration or Area of Certification.
5. How Information Technology (i.e., computers, Internet) Can Be Integrated into the Instructional Process and Curriculum.

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

Note to applicants: This application can be downloaded from the Department of Education's home page which is accessible at: <http://www.state.pa.us>.

This application was developed, in accordance with Section 1204.1 of Act 107 of 1996, by the Pennsylvania Department of Education in consultation with organizations representing school administrators, including personnel administrators, teachers and school boards. Questions should be referred to PDE School Services Office at Voice Telephone (717) 787-4860, Text Telephone TTY (717) 783-8445 or FAX (717) 783-6802. If you need accommodation in completing this application, including alternate format, please contact the school district.

**January 2024**

**FBI FINGERPRINTING REGISTRATION PROCESS**

To Register for an FBI Clearance:

<https://uenroll.identogo.com/>

Service Code Employees: 1KG6XN

Service Code for Volunteers: 1KG6ZJ

**\*\*Make Sure you use the Correct Service Code**

Cost as follows:

\$25.25 Employees

\$23.25 - Volunteers

**AVAILABLE IDENTOGO CENTERS:**

ALLENTOWN COMMONS PLAZA  
1382 HANOVER AVE.  
ALLENTOWN, PA 18109

THE UPS STORE/CREEKSIDE MARKETPLACE  
1866 LEITHSVILLE RD  
HELLERTOWN, PA 18055-2505

LEONARD'S AUTO TAG SERVICE  
996 N SHERMAN CT  
HAZLETON, PA 18201-1878

You can also go on the Identogo Website for a list of locations

<https://www.identogo.com/locations/pennsylvania>

**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)**

|     |                                     |   |
|-----|-------------------------------------|---|
| To: | 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:<br><b>Pather Valley School District</b> |                     |  |  |
| Address:<br><b>1 Panther Way</b>  |                     | Phone:<br><b>570 645 4248 Option 2</b> |  |
| City:<br><b>Lansford</b>  | State:<br><b>PA</b> | Zip:<br><b>18232</b>                   | Fax:<br><b></b>                                  |
| Contact Person:<br><b>Melissa Schoenberger</b>                                |                     |  | Email:<br><b>schoenbergerm@panthervalley.org</b> |
| Title:<br><b>Executive Assistant to the Superintendent</b>                    |                     |  |  |

Date Form Received: \_\_\_\_\_

Received by: \_\_\_\_\_

# 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.**



# 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 |          |   |  |
| <b>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.</b> |                             | 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) |                          |                           |                                |                             |          |   |  |
| Signature of Employee   |                             | 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 |  |
|   |                             |   |                          |                           |                                |                             |          |   |  |
|   |                             |   |                          | 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.

| List A  |  | OR   | List B   | AND | List C                                |
|---|--|--|--|-----|---------------------------------------|
| Document Title 1  |  |  |  |     |                                       |
| Issuing Authority   |  |  |  |     |                                       |
| Document Number (if any)  |  |  |  |     |                                       |
| Expiration Date (if any)  |  |  |  |     |                                       |
| Document Title 2 (if any)   |  | <b>Additional Information</b>  |  |     |                                       |
| Issuing Authority   |  |  |  |     |                                       |
| Document Number (if any)  |  |  |  |     |                                       |
| Expiration Date (if any)  |  |  |  |     |                                       |
| Document Title 3 (if any)   |  |  |  |     |                                       |
| Issuing Authority   |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |  |     |                                       |
| Document Number (if any)  |  |  |  |     |                                       |
| Expiration Date (if any)  |  |  |  |     |                                       |
| <b>Certification:</b> 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. |  |  |  |     | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative  |  |  | Signature of Employer or Authorized Representative                         |     | Today's Date (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<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND<br>LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>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"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |    | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-top: 10px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol> |
| <b>Acceptable Receipts</b><br>May be presented in lieu of a document listed above for a temporary period.<br>For receipt validity dates, see the M-274.   |    |   |   |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | 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.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026**

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from <b>Section 1</b> . | First Name ( <i>Given Name</i> ) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**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       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

USCIS  
Form I-9  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

|   |   |   |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

|  |  |                         |  |
|--|--|-------------------------|--|
| Date of Rehire (if applicable)   | New Name (if applicable)                           |                         |  |
| Date (mm/dd/yyyy)  | Last Name (Family Name)                            | First Name (Given Name) | Middle Initial   |
| <b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.  |  |                         |  |
| Document Title   | Document Number (if any)                           |                         | Expiration Date (if any) (mm/dd/yyyy)  |
| <b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |                         |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative |                         | Today's Date (mm/dd/yyyy)  |
| Additional Information (Initial and date each notation.)   |  |                         | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|  |  |                         |  |
|--|--|-------------------------|--|
| Date of Rehire (if applicable)   | New Name (if applicable)                           |                         |  |
| Date (mm/dd/yyyy)  | Last Name (Family Name)                            | First Name (Given Name) | Middle Initial   |
| <b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.  |  |                         |  |
| Document Title   | Document Number (if any)                           |                         | Expiration Date (if any) (mm/dd/yyyy)  |
| <b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |                         |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative |                         | Today's Date (mm/dd/yyyy)  |
| Additional Information (Initial and date each notation.)   |  |                         | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|  |  |                         |  |
|--|--|-------------------------|--|
| Date of Rehire (if applicable)   | New Name (if applicable)                           |                         |  |
| Date (mm/dd/yyyy)  | Last Name (Family Name)                            | First Name (Given Name) | Middle Initial   |
| <b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.  |  |                         |  |
| Document Title   | Document Number (if any)                           |                         | Expiration Date (if any) (mm/dd/yyyy)  |
| <b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |                         |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative |                         | Today's Date (mm/dd/yyyy)  |
| Additional Information (Initial and date each notation.)   |  |                         | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

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

**IV. Significant 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. Report of Physical Examination (✓)**

|                                     | NORMAL | ABNORMAL | NOT EXAMINED | COMMENTS |
|-------------------------------------|--------|----------|--------------|----------|
| Height (inches) _____               |        |          |              |          |
| Weight (pounds) _____               |        |          |              |          |
| Pulse _____                         |        |          |              |          |
| Blood Pressure _____                |        |          |              |          |
| Hair/Scalp                          |        |          |              |          |
| Skin                                |        |          |              |          |
| Eyes – Visual Acuity: R ____ L ____ |        |          |              |          |
| Eyes – Color Vision                 |        |          |              |          |
| Ears – Hearing (dB) R ____ L ____   |        |          |              |          |
| 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 or which might affect his/her work role? 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