

HAZLETON AREA SCHOOL DISTRICT

1601 West 23rd Street
Hazleton, PA 18202
570-459-3221, ext. 81538
Fax: 570-459-3139

COACHING APPLICATION PACKET

Hazleton Area School District board policy adopted May 22, 2008 requires all applicants for coaching positions within the HASD to include the following:

- _____ 1. **Complete coaching application form**
- _____ 2. **Submit a detailed resume including description and statistics from any previous coaching position(s)**
- _____ 3. **Submit three letters of recommendation**
- _____ 4. **Submit a one page essay on coaching philosophy, training regimens and goals**
- _____ 5. **Submit Act 34 and Act 151 clearances (*see attached*)**
- _____ 6. **Submit FBI fingerprint clearances (*see attached*)**
- _____ 7. **Physical Examination and TB screening tests (*pending hiring*)**
- _____ 8. **Proof of CPR Certification (*pending hiring*)**
- _____ 9. **Proof of Lifeguard or Red Cross Swimming Coach Safety Training (*swim coach applicants only*)**

Any misstatement of fact will constitute grounds for removing application for consideration. For further information, contact Fred Barletta, Athletic Director at: barlettaf@hasdk12.org or 570-459-3221, ext. 81539

NAME OF APPLICANT: _____

POSITION APPLYING FOR: _____

DATE RECEIVED BY ATHLETIC OFFICE: _____/_____/_____

HAZLETON AREA SCHOOL DISTRICT

1601 West 23rd Street
Hazleton, PA 18202
570-459-3221, ext. 81538
Fax: 570-459-3139

APPLICATION FOR COACHING/EVENT WORKER POSITION

*****Event Workers Only Need to Complete Position Applying For Section of Application and Obtain All 3 Required Clearances*****

POSITION APPLYING FOR: _____

COMPLETE APPLICANT NAME: _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE** _____

EMAIL ADDRESS: _____

EDUCATIONAL RECORD:

DEGREE EARNED:

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

SPORTS PARTICIPATION:

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

COACHING EXPERIENCE:

HASD _____

RECORDS: _____

OTHER: _____

WORK EXPERIENCE: (Present Employment)

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

DAYS/HOURS: _____

PREVIOUS EMPLOYMENT:

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

REFERENCES:

	NAME AND OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby give my permission to contact the employers and references listed above.

Signature of Applicant

Date

**HAZLETON AREA SCHOOL DISTRICT
PERSONNEL DATA SHEET**

PLEASE PRINT CLEARLY

SOCIAL SECURITY NUMBER _____

FULL NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

BIRTH DATE _____

AREA CODE/PHONE NUMBER () _____ LISTED _____ UNLISTED _____

NAME OF CITY, BORO, TOWNSHIP WHERE EARNED INCOME TAXES ARE PAID _____

Have you paid your OPT/EMST Tax for the current year Yes No

POSITION YOU ARE APPLYING FOR _____ FULL TIME _____ PART TIME _____

BOARD APPROVAL DATE _____ FIRST DAY OF WORK _____

DEGREE PRESENTLY HELD _____

SPOUSE INFORMATION: NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

EMERGENCY CONTACT INFO.: NAME _____

RELATIONSHIP _____ PHONE # _____

CURRENTLY PSERS RETIRE EMPLOYEE YES NO DATE RETIRED: _____

OFFICE USE ONLY

MARITAL STATUS _____ # OF DEPENDENTS _____

EIT CODE _____ OPT/EMST CODE _____ RETIRE CODE _____ JOB CODE _____

APPLICANT DISCLOSURE AFFIDAVIT

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment or volunteer work but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure is grounds for disqualification or termination.

APPLICANT: _____ *Social Security #:* _____
Please print complete name and Social Security Number

The undersigned applicant affirms that **I HAVE NOT AT ANY TIME** (whether as an adult or juvenile):

YES	NO	(Initial yes or no and provide brief explanation for a yes answer).
_____	_____	Been convicted of or accused of or investigated because of
_____	_____	Pleaded guilty to (whether or not resulting in a conviction)
_____	_____	Pleaded nolo contendere or no contest to
_____	_____	Admitted
_____	_____	Have had any judgment or order rendered against me (whether by default or otherwise)
_____	_____	Entered into any settlement of an action or claim of
_____	_____	Had any license, certificate, or employment suspended, revoked , terminated, or adversely affected because of
_____	_____	Been diagnosed as having or treated for any mental or emotional condition arising from
_____	_____	Resigned under threat of termination of employment or volunteer work for

any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction): **NOTE:**

If you were a victim of any crime you need not answer questions pertaining to that incident.

YES	NO	(Initial yes or no and provide brief explanation for a yes answer below).
_____	_____	Any felony
_____	_____	Rape or other sexual assault or sexual harassment
_____	_____	Drug/alcohol-related offenses or accusations
_____	_____	Abuse of a minor or child, whether physical or sexual
_____	_____	Incest
_____	_____	Kidnapping, false imprisonment, or abduction
_____	_____	Sexual harassment
_____	_____	Sexual exploitation of a minor
_____	_____	Sexual conduct with a minor
_____	_____	Annoying/molesting a child
_____	_____	Lewdness and/or indecent exposure
_____	_____	Lewd and lascivious behavior
_____	_____	Obscene literature
_____	_____	Assault, battery, or other offense involving a minor or adult
_____	_____	Endangerment of a child

Applicant Disclosure Affidavit (continued)

YES	NO	<i>(Initial yes or no and provide brief explanation for a yes answer below).</i>
_____	_____	Any misdemeanor felony offense classification involving a minor or to which a minor was a witness
_____	_____	Unfitness as a parent or custodian
_____	_____	Removing children from a state or concealing children in violation of a law or court order
_____	_____	Restrictions or limitations on contact or visitation with children or minors
_____	_____	Any theft related offense

EXCEPT THE FOLLOWING:

(If you answered yes to any of the above, please explain: if none, write "None").

DESCRIPTION

DATES

VERIFICATION

I, _____, hereby certify that I am the _____
in the above captioned matter and that the facts set forth in the foregoing _____,
are true and correct to the best of my knowledge, information and belief, and are made subject to the
penalties of 18 Pa.C.S.A. S4904 relating to unsworn falsification to authorities.

DATE

SIGNATURE

NOTARY SEAL

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017			
1	Your first name and middle initial	Last name	2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5			
6	Additional amount, if any, you want withheld from each paycheck	6	\$		
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶			
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9	Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Hazleton Area School District

Office of the Secretary / Business Manager
1515 West 23rd Street
Hazle Township, PA 18202-1647

Anthony J. Ryba

Secretary / Business Manager
Phone (570) 459-3111 Ext. 3106
Fax (570) 459-6156
Email: rybat@hasdk12.org

Robert J. Krizansky

Treasurer / Asst. Business Manager
Phone (570) 459-3111 Ext. 3128
Fax (570) 459-6156
Email: krizansky@hasdk12.org

Name: _____

From: Accounting/Finance Manager

Subject: Employment Status Under Act 29 of 1994

In order for the Hazleton Area School District to Comply with Act 29 of 1994, it is necessary for you to provide the following information:

A. Did you ever work for any Commonwealth of Pennsylvania school entity prior to July 1, 1995 in any capacity whatsoever

_____ Yes

_____ No

B. If the answer to Part A is Yes, complete the following: (Include employment with the Hazleton Area School District , if applicable)

School District

Dates

NONDISCRIMINATION POLICY

The Hazleton Area School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Title IX Coordinator at 570-459-3221 ext 81566 or the Section 504 Coordinator at 1515 West 23rd St, Hazle Township, PA 18202 or 570-459-3111 ext 3156.

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year _____

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____

Soc Sec #: _____

Address: _____

Phone #: _____

City/State: _____

Zip: _____

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**

2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____: Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.

3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.

4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: _____

Address: _____

City/State: _____

Phone #: _____

Zip: _____

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

1. PRIMARY EMPLOYER 2.

3.

Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

4.

5.

6.

Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

PLEASE NOTE:

All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MUNICIPAL NON-RESIDENT EIT RATE

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
Select Get Local Gov Support, >Municipal Statistics

Background Clearance Information

Pennsylvania State Police Check

\$8.00 (if completed online \$10.00 if by mail); Telephone contact 1-888-783-7972

<https://epatch.state.pa.us/NewRecordCheckAction.do;jsessionid=EA1430F5D3EB9AC3498F0A6E9B8FF07C?action=new>

It is the responsibility of the user to obtain the assigned control number at the time requests are submitted. Immediately after submission of the requests one of the following status will be assigned to the request:

1. **No Record:** If this status is assigned to the request it is the user's responsibility to double click on the control number. This will take the user to the details screen where the user will double click on the blue hyper link, "Certification Form", near the center of the page. By clicking on "Certification Form", a certified no record form will be displayed in PDF format. This form should be printed.

2. **Request Under Review:** If this status is assigned to the request, the user must periodically check the PATCH web site to determine the final status of the request. A status of "Request Under Review", will result in one of the following final status:

- o **No Record: Follow the instructions above for a no record response.**
- o **Record: Indicates the person has a record and a record response has been mailed to the address provided.**

3. **Pending:** This status is occasionally assigned when traffic is extremely heavy and requires the user to check back at a later time. A request should not remain in pending status for more than 24 hours. If a request remains in pending status for more than 24 hours call the PATCH Help Line locally at 717-425-5546 or toll-free at 1-888-QUERY-PA (1-888-783-7972).

Pennsylvania Child Abuse History Clearance

\$8.00; Telephone contact 717-783-6211 or 7-877-371-5422

Please create an account and submit your application online as you are able to obtain immediate access to the results or status of your results.

<https://www.hhsapps.state.pa.us/iam/im/citizenpub/ca12/index.jsp?task.tag=SelfRegistrationCitizen>

or if you prefer to mail (please note it typically takes three to four weeks to receive results) you may follow instructions below.

http://www.dhs.state.pa.us/cs/groups/webcontent/documents/form/s_001762.pdf

Cost \$10.00 money order (no cash or checks accepted). This form is downloaded and mailed to Childline and Abuse Registry, Department of Public Welfare, P.O. Box 8170, Harrisburg, PA 17105-8170.

1. Type or print clearly and neatly in ink Section I only.

2. Address must be Applicant's current home address.
3. All information must be completed in full. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
4. Application must be signed.
5. Enclose a \$10.00 money order for each application. No cash or personal checks accepted. Agency or business checks are acceptable.
6. Do not send any postage paid return envelopes.
7. Application should be placed in a business-sized or larger envelope prior to mailing.
8. One block must be checked for Purpose for Clearance. Do not check more than one block.
 - A. Check the Volunteer Block if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League or churches. A copy of your Criminal Record Check results obtained within the past year must be attached. Do not send original Criminal Record results. If you are not a Pennsylvania resident, you must also attach a copy of your FBI results obtained within the past year. This block should not be checked for anyone volunteering in schools.
 - B. Check the School Block if seeking to have involvement within a school (public, private vocational, technical, nursing) for any reason.
 - C. Check the Foster Care Block if applying for foster parenting or custody of a child.
 - D. Check the Adoption Block if in the process or planning to adopt a child.
 - E. Check the Child Care Block if planning to work in a day care setting or if all other blocks do not apply.
 - F. Check the CWEP Block if you are participating in a Department of Public Welfare training program. The signature and phone number of the County Assistance Representative is required.

Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. There will be no replacements after 90 days. Failure to comply with the above instructions will cause considerable delay.

FBI Fingerprint Record

Please be sure this is completed through the Department of Public Education, cost is \$27.00. You must register with Cogent Systems prior to going to the fingerprint site. You may also register over the telephone at 1-888-439-2486 Monday-Friday, 8 a.m. to 6 p.m. You must provide your registration ID to the district to access you FBI results.

https://www.pa.cogentid.com/index_pde.htm

The local location is listed below-please check website for current hours and additional information:

Primary Service Location Address	The UPS Store #5937 572 West Broad Street Hazelton, PA 18201
Hours of Operations	Tuesday, Wednesday, Thursday & Friday Due to high volume please arrive before 4:20 pm as fingerprinting will close for the day at 5:00 pm. From 10:00 am to 5:00 pm WALK IN ONLY - No appointments at this site. Money orders are not available at our location Our fingerprinting will be closed from December 7, 2015 to January 4, 2016 for our peak shipping season. We will start fingerprinting on January 5, 2016 with our normal schedule. Please allow for this schedule change to fit in with your fingerprint obligations for employment! Please do not overwhelm the service by sending large groups of applicants to the locations. If you have a large group of applicants to fingerprint, please contact the fingerprint site and plan for their arrival to occur over days and weeks, not hours. The fingerprint site may have a preferred method for handling large groups of applicants.
Telephone Number (Applicant Use)	570-455-0994 Please register BEFORE you arrive for fingerprinting. Registration is available online 24 hours a day seven days per week at www.pa.cogentid.com Telephonic registration through Cogent Systems is available at 1-888-439-2486 Monday through Friday, 8AM to 6PM EST.
Web Site (Service Site Specific)	
Directions to your facility	Map It I-81 N or S. Take exit 143 toward Hazelton. Take RT 924 N to Broad street and make a Right on Rt 93. Go approx 0.2 miles. We are located on the Right in Hazelton Shopping Center.
Special Instructions for Applicants	Questions regarding the employment and application requirements should be directed to the hiring agency's human resource department. To determine whether applicants must register under the Department of Education, the

Department of Public Welfare, or the Department of Banking and Securities,
applicants must first talk with their human resources department

Additional Information

Please bring your Registration ID and Photo ID

Money orders are not available

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

1. The applicant must register prior to going to the fingerprint site. Walk in service without prior registration will not be provided at any fingerprinting location. Registration is completed online or over the phone. Registration is available online 24 hours/day, seven days per week at https://www.pa.cogentid.com/index_pdeNew.htm Telephonic registration is available at 1-888-439-2486 Monday through Friday, 8am to 6pm EST. During the registration process, all demographic data for the applicant is collected (name, address, SSN, etc.) so there is no data entry required at the fingerprint collection site.
 2. The applicant will pay a fee of \$27.00 for the fingerprint service and the CHRI. The new system provides the CHRI online to the employer and all applicants will receive a paper copy of the report at no additional cost.
 3. Applicants may make their payment online at https://www.pa.cogentid.com/index_pdeNew.htm using a credit card or debit card. Money orders or cashier's checks payable to 3M Cogent will be accepted on site for those applicants who do not have the means to pay electronically. **No cash transactions or personal checks are allowed.**
- Agency Billing.** Agencies that request to pay applicants' fees may arrange to be billed by 3M Cogent for the cost of these services. Billing may only occur after the requesting agency has completed 3M Cogent Agency Pay Agreement. To establish a billing account visit https://www.pa.cogentid.com/index_pdeNew.htm and download an application. The billing account must be established prior to sending applicants to the fingerprint site.
4. The applicant proceeds to the fingerprint site of choice. Location of fingerprint sites and days and hours of operation for each site are posted on 3M Cogent's website at https://www.pa.cogentid.com/index_pdeNew.htm. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.
 5. At the fingerprint site the Applicant Livescan Operators (ALO) manage the fingerprint collection process.
 6. The fingerprint transaction begins when the ALO reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types may be found on 3M Cogent's website at https://www.pa.cogentid.com/index_pdeNew.htm. Applicants will not be processed if they cannot produce an acceptable photo ID.

7. After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

8. For individuals fingerprinted on and after December 1, 2008 – *The process was redesigned with approval from the Pennsylvania State Police and the FBI. The time for processing is anticipated to take no longer than two days.*

- Applicants' scanned fingerprints will be electronically transmitted to the FBI by 3M Cogent.
- The FBI will electronically transmit the CHRI to 3M Cogent, where the CHRI will be stored in a secure server.
- The CHRI will be available online for the School Administrator to review. Administrators receive login and password information from 3M Cogent.
- The CHRI that is available for review online constitutes the official record. Applicants give permission for the School Administrator to review the report during the registration process.
- The School Administrator will review the CHRI to make a determination as to the fitness of the applicant to work in the position in which they will have contact with children.
- If the applicant is hired for the position, the School Administrator will print a copy of the CHRI for the school's files.
- Applicants may request a paper copy of the CHRI when they register to be fingerprinted. This will be the applicants' only opportunity to request a copy.
- The paper copy will be mailed to these applicants by 3M Cogent. The "unofficial" paper copy is a copy of the CHRI that the School Administrator will review online.
- The applicant may share the paper copy of the CHRI with prospective employers. However, the School Administrator is required to review the official CHRI online and print a copy of the CHRI if the applicant is hired by the public school or private school or their contractor, or if the applicant is approved for student teaching.

9. For individuals fingerprinted prior to December 1, 2008 –

Applicants will receive the official report on watermarked paper from PDE.

- PDE will receive the CHRI from the FBI via 3M Cogent.
- PDE's School Services Unit will copy the CHRI and mail it to the applicant. The CHRI will be printed on standard 8.5" X 11" paper with the Commonwealth Seal imbedded on the paper.
- The applicant will provide the CHRI to their prospective employer. The School Administrator will review the CHRI to make a determination as to the fitness of the applicant to work in the position in which they will have contact with children. If the applicant is hired for the position, the School Administrator prints a copy of the CHRI for the school's files.
- The CHRI must be less than 12 months old at the time of employment to be considered valid. The date of the CHRI is considered to be the date on which the individual was fingerprinted.
- **This document constitutes an official Record.** If an applicant, fingerprinted prior to December 1, 2008, presents their CHRI and the Commonwealth Seal is not embedded on the paper, it should be considered as invalid and not an official record.
- Applicants who were fingerprinted prior to December 1 2008, who have not yet received their CHRI from PDE, should contact PDE at (717) 783-3750 or email PDE at dwolfgang@state.pa.us.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP _____ CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

APPLICANT IS **NOT** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. APPLICANT **IS** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER _____

DATE _____

VERIFIER'S SUPERVISOR _____

DATE _____

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

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

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

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:
PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

1-888-QUERYPA (1-888-783-7972)
**DO NOT SEND CASH OR PERSONAL
CHECK**

CHECK ONE BLOCK

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-			
--	--	--	---	--	--	--	---	--	--	--

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

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

FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

REASON FOR REQUEST

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)

<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EMERGENCY MANAGEMENT		

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID, SEE TERMS & CONDITIONS)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

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

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



Hazleton Area School District

Office of the Secretary / Business Manager
1515 West 23rd Street
Hazle Township, PA 18202-1647

Anthony J. Ryba

Secretary / Business Manager
Phone (570) 459-3111 Ext. 3106
Fax (570) 459-6156
Email: rybat@hasdk12.org

Robert J. Krizansky

Treasurer / Asst. Business Manager
Phone (570) 459-3111 Ext. 3128
Fax (570) 459-6156
Email: krizanskyr@hasdk12.org

MEMORANDUM

TO: PROSPECTIVE EMPLOYEES OF THE HAZLETON AREA SCHOOL DISTRICT

RE: PRE-EMPLOYMENT DRUG TESTING WITH HAZLETON HEALTH AND WELLNESS CENTER

DATE: EFFECTIVE JANUARY 20, 2017

Please be advised that a drug test must be completed prior to beginning employment with the Hazleton Area School District. The cost for the test is \$35, and payment is expected at time of service. Please call the Occupational Health Clinic (570-501-6805) to schedule an appointment for the drug test. Bring this form and photo identification to:

Occupational Health Services
Hazleton Health and Wellness Center
50 Moisey Drive, Suite 208
Hazle Township, PA 18202
570-501-6805
Hours: Monday-Friday 8 a.m. to 5 p.m.

Upon entering the Hazleton Health and Wellness Center campus, please park in the section of the parking lot to the right. Please use the upper level entrance, Suite 208.

HAZLETON AREA SCHOOL DISTRICT

Office Of The Superintendent



**Hazleton Area
School District**

**1515 West 23rd Street
Hazle Township, PA18202-1647
(570) 459-3111 Ext. 3101
Fax (570) 459-3118**

Craig B. Butler D. Ed.
Superintendent of Schools

George A. Donadi
Director of Elementary/Secondary Schools

Upon appointment a physical examination, Tine Test or Chest X-Ray and pre-employment drug test are required.

If you have a physical within the past three months, we will accept a copy.

The Tine Test can be administered by your personal physician or, if your physician does not administer the Tine Test, any school nurse in the district will test you for a minimal fee.

Hazleton Area School District

**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD**

I. Patient Information

Last Name	First	MI	Sex	Date of Birth
Social Security Number		Home Telephone		Work Telephone
Mailing Address	Street	City	State	Zip
Usual Source of Medical Care	Physician's Name	Address	Telephone	
Emergency Contact – Name	Relationship	Address	Telephone	

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____	1.		

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	RESULTS (mm)		SIGNATURE		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: No Yes Date: _____

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

HAZLETON AREA SCHOOL DISTRICT
PAYROLL DEPARTMENT
PAYROLL CHECK DIRECT DEPOSIT AUTHORIZATION
(Electronic Transfer)

PLEASE PRINT CLEARLY:

NAME: _____ Social Security # _____

- A. Financial Institution Name: _____
Address: _____
Telephone #: _____
- B. Type of Deposit Account: (select only one)
Savings Account _____
Checking Account _____
- C. * Account Number to which your check will be deposited: _____
- D. * ABA# _____

Depositors: **PLEASE MAKE SURE THE ACCOUNT # AND ABA # ARE CORRECT**

Credit Union depositors: Please call the Credit Union office to ensure the account number you are providing is correct.

* Refer to sample below as to where this information can be found.

John Jones	Date _____
Mary A. Jones	
Pay to the order of _____	<input style="width:50px; height:20px;" type="text"/>
_____ Dollars	
1 st Savings Bank 123 Main Street Anytown, PA	

ABA#	ACCT#
	CK#

Please attach a voided check or deposit ticket if depositing into checking account. If depositing check into your savings account, please contact your bank for the ABA#.

PLEASE NOTE: AFTER YOU AUTHORIZE DIRECT DEPOSIT, THE FIRST PAYCHECK GOES THROUGH A PRE-NOTE PROCESS WITH THE BANK TO VERIFY THE ACCOUNT. (THIS MEANS YOU WILL RECEIVE AN ACTUAL CHECK.) IF YOU PROVIDE INCORRECT INFORMATION ON THIS FORM, THERE MAY BE A FURTHER DELAY AS TO WHEN YOUR CHECK WILL BE CREDITED TO YOUR ACCOUNT.

Provide all the information requested

Date

Signature

Any questions contact:

Deborah Brill, Payroll Supervisor
brilld@hasdk12.org
570-459-3111 ext. 3110

Jean A. Sharkey, Payroll Specialist
sharkeyj@hasdk12.org
570-459-3111 ext. 3109

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.

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:			
Address:		Phone:	
City:	State:	Zip:	Fax: Email:
Contact Person:		Title:	

Date Form Received: _____

Received by: _____

CARDIAC-CONCUSSION-CPR CERTIFICATIONS

ALL HIRED COACHES MUST TAKE A CARDIAC AND CONCUSSION COURSE PRIOR TO STARTING THEIR POSITION. THESE CARDIAC AND CONCUSSION COURSES MUST BE RE-TAKEN EVERY YEAR. THESE COURSES ARE FREE AND CAN BE ACCESSED BY GOING TO THE FOLLOWING WEBSITE AND CLICKING ON THE APPROPRIATE LINKS AT THE BOTTOM OF THE PAGE: <http://WWW.GOPATS.ORG>

(TAKE THE CONCUSSIONWISE AND CARDIACWISE COURSES)

ALL COACHES MUST ALSO BE CPR CERTIFIED AND KEEP THAT CERTIFICATION UP-TO-DATE. CARDIAC

AND CONCUSSION CERTIFICATES MUST BE PRINTED OUT ANNUALLY AND FORWARDED TO THE ATHLETIC OFFICE, AS WELL AS PROOF OF CPR CERTIFICATIONS AND RE-CERTIFICATIONS.

PATS Quick Links



MEDBRIDGE

Click for Member Discount



Click on image for free Concussion Courses



Click on image for free Cardiac Course

CDC Heat Related Web Course



PATS YouTube Channel



PATS Volunteer Form



NATIONAL ATHLETIC TRAINERS' ASSOCIATION
HEALTH CARE FOR LIFE & SPORT



District 2
NATIONAL ATHLETIC TRAINERS' ASSOCIATION
HEALTH CARE FOR LIFE & SPORT