



## Metz Culinary Management Application

**Items included in this packet:**

- Metz Culinary Management Employment Application
- Pre-Employment Drug Screening Policy
- TB Test Requirement
- PA School District Clearance/Form Requirements
  - o Act 151 Child Abuse Clearance – Instructions and form. Fee applicable.
  - o Act 34 PA State Criminal History (PATCH) Clearance – Instructions and form. Fee applicable.
  - o Act 114 FBI Fingerprint Criminal Background Clearance – Instructions. Fee applicable.
    - Two Confirmation of Fingerprint-Based Background Check pages
- Mandatory Forms for All Applications
  - o PDE’s Sexual Misconduct-Abuse Disclosure Release Form – Instructions & form.
  - o PDE-6004 – Arrest/Conviction Report and Certification Form – Instructions & form.

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 For your convenience, we have included a check list of the items that need completed and returned.

|                                                |                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application / Signature Forms                  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                | Metz Culinary Management Employment Application (Complete/Date/Signature)                                                                                                                                                                                                                                                                                          |
|                                                | Pre-Employment Drug Screening Policy (Signature/Date)                                                                                                                                                                                                                                                                                                              |
|                                                | TB Test Requirement (Signature/Date)                                                                                                                                                                                                                                                                                                                               |
| PA School District Clearance/Form Requirements |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                | <b>Returned</b> Act 151 Child Abuse Clearance Certificate                                                                                                                                                                                                                                                                                                          |
|                                                | <b>Returned</b> Act 34 PA State Criminal History (PATCH) Clearance Certificate                                                                                                                                                                                                                                                                                     |
|                                                | <b>One</b> Confirmation of Fingerprint-Based Background Check <b>Page</b>                                                                                                                                                                                                                                                                                          |
|                                                | <b>-Returned</b> Act 114 FBI Fingerprint Criminal Background Clearance Certificate ( <b>when received</b> )                                                                                                                                                                                                                                                        |
| Mandatory Forms for All Applications           |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                | PDE’s Sexual Misconduct-Abuse Disclosure Release Form(s)<br>- one (1) form from 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.)<br>(Signatures/Dates) |
|                                                | PDE-6004 – Arrest/Conviction Report and Certification Form (Signature/Date)                                                                                                                                                                                                                                                                                        |

**RETURN ALL COMPLETED FORMS TO AASD ADMIN WING, BUILDING B, ROOM 111.**

**PLEASE NOTE:** THE FOLLOWING APPLICATION PACKET IS FORMATTED TO BE PRINTED AS TWO-SIDED. PRINTING AS A ONE-SIDED DOCUMENT WILL INCUR BLANK PAGES.



PLEASE PRINT  
USE BLACK OR BLUE INK ONLY

EMPLOYMENT APPLICATION

\_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last Name First Middle Initial

\_\_\_\_\_ State Zip  
Street Address Apt# City

Area Code: \_\_\_\_\_ Tel.# \_\_\_\_\_ Are you 18 or older?  Yes  No If not, Age \_\_\_\_\_

JOB AVAILABILITY:

For which job are you applying? \_\_\_\_\_ Wage Rate Required \$ \_\_\_\_\_ Per  Hour  Week

If you are applying for a server/bartender position, are you old enough to serve or handle liquor and will you be able to establish that age if offered a job?  Yes  No

If office job, list skills/machines you can operate \_\_\_\_\_

Total Hours Needed Per Week \_\_\_\_\_ Do you have transportation to work?  Yes  No  
Can you work overtime?  Yes  No

|                 | M    | T | W | T | F | S | S |
|-----------------|------|---|---|---|---|---|---|
| Hours Available | FROM |   |   |   |   |   |   |
|                 | TO   |   |   |   |   |   |   |

GENERAL

Have you ever applied with METZ CULINARY MANAGEMENT OR A METZ AFFILIATE?  Yes  No  
If yes, date and location: \_\_\_\_\_

I am interested in a position at: \_\_\_\_\_ Metz Culinary Management \_\_\_\_\_ T.G.I. Friday's  
\_\_\_\_\_ Metz Environmental Services \_\_\_\_\_ Krispy Kreme  
\_\_\_\_\_ Ruth's Chris Steakhouse \_\_\_\_\_ Wolfgang Puck Express  
\_\_\_\_\_ Lucky's Sporthouse

To comply with Federal law, will you be able to establish your right to work in the U. S. if offered a job?  Yes  No

Have you ever been fired?  Yes  No  
If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony within the past ten years?  Yes  No  
If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime involving moral turpitude?  Yes  No  
If yes, explain: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying either with or without a reasonable accommodation?  Yes  No

SCHOOL (School most recently attended)

\_\_\_\_\_ Currently Enrolled?  
Name Location Course of Study

Highest Grade Completed: \_\_\_\_\_ (Example: 1, 2, 3....9, 10, 11, 12....18+)

\*An Equal Opportunity Employer\* Please Turn Page Over\*

EMPLOYMENT HISTORY:

List three most recent jobs, full-time and/or part-time, including military, if applicable, with most recent one first.

May we contact your present employer?  Yes  No

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|              |           |
|--------------|-----------|
| Company Name | Telephone |
|--------------|-----------|

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|         |                               |     |
|---------|-------------------------------|-----|
| Address | Employed (Month/Year) - From: | To: |
|---------|-------------------------------|-----|

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|                    |                     |       |
|--------------------|---------------------|-------|
| Name of Supervisor | Weekly Pay - Start: | Last: |
|--------------------|---------------------|-------|

Job title – Describe Your work (& Reason for Leaving):

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|              |           |
|--------------|-----------|
| Company Name | Telephone |
|--------------|-----------|

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|         |                               |     |
|---------|-------------------------------|-----|
| Address | Employed (Month/Year) - From: | To: |
|---------|-------------------------------|-----|

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|                    |                     |       |
|--------------------|---------------------|-------|
| Name of Supervisor | Weekly Pay - Start: | Last: |
|--------------------|---------------------|-------|

Job title – Describe Your work (& Reason for Leaving):

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|              |           |
|--------------|-----------|
| Company Name | Telephone |
|--------------|-----------|

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|         |                               |     |
|---------|-------------------------------|-----|
| Address | Employed (Month/Year) - From: | To: |
|---------|-------------------------------|-----|

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|                    |                     |       |
|--------------------|---------------------|-------|
| Name of Supervisor | Weekly Pay - Start: | Last: |
|--------------------|---------------------|-------|

Job title – Describe Your work (& Reason for Leaving):

I certify that the information provided in this application by me is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for denial of employment or immediate dismissal. I authorize the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties of all liability for any damage that may result from furnishing information to you. I understand that nothing contained in this employment application or in the granting of an interview creates an employment contract between employer and myself for either employment or for the providing of any benefit. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that employer retains the same right.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

It is company policy to hire only individuals authorized to work in the U.S. The Metz Group is an equal opportunity employer and it complies with all discrimination laws. Information requested on this application will not be used for any purpose prohibited by law.

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### **PRE-EMPLOYMENT DRUG SCREENING POLICY**

In compliance with the Drug-Free Workplace Act of 1988, Metz Culinary Management has a commitment to provide a safe, quality-oriented, and productive work environment consistent with the standards of the community in which the Company operates. Drug abuse poses a threat to the health and safety of Metz Culinary Management team members, its patrons, and to the security of the Company's equipment and facilities. For these reasons, Metz Culinary Management is committed to the elimination of drug use in the workplace.

This policy outlines the practice and procedure designed to correct instances of identified drug use in the workplace and applies to all Metz Culinary Management team members and all applicants for employment.

All applicants must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification or further employment consideration.

Procedure:

- Take the required chain of custody and drug protocol sheet with you to a testing location provided to you by the Manager
- The Manager will contact you after he/she receives the results of the drug screen

I hereby authorize the Company to conduct, through certified laboratories' drug screening tests from time-to-time both prior to and during employment as a condition of my initial and continued employment. I state my understanding that I must pass these tests whenever they are administered. If traceable amounts of an illicit substance are found by the test, I will be disqualified from further consideration as an applicant. If I am already employed, I will be subject to disciplinary action, including termination. I voluntarily consent to all such examination and tests and hereby the employer and its officers, employees, and agents from any and all claims involved with the examination or tests, as well as any claims that may be connected to the use of the information obtained from them. I grant permission for the laboratory to release the test results to the Company. I fully understand that refusal to cooperate with, or submit to, such tests will lead to disciplinary action, including discharge, if I am an employee, and to rejection of my application if I am an applicant. I have carefully read these statements and hereby declare my understanding of them and the opportunity granted to me to ask questions.

NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



## TB TEST REQUIREMENT

Any applicant who is offered a position with Metz Culinary Management at the Altoona Area School District will be required to have a TB test.

The test can be done at your family doctor's office or at an outpatient facility such as MedExpress. Tell them it is a pre-employment TB test.

Your employment is contingent upon a successful TB test result. Should the report come back as positive, another test should be done to confirm the initial test result. A second positive result will exclude you from employment.

NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_





## PA SCHOOL DISTRICT CLEARANCE/FORM REQUIREMENTS

Recent updates to the Child Protective Services Law indirectly amend School Code and directly affect all new or existing employees, volunteers, and contractors with direct contact with students. This law now requires all affected individuals to obtain **new clearances every 60 months**.

Pennsylvania law requires that you keep your clearances up-to-date. Pennsylvania law does not allow us to continue to employ someone whose clearances have expired. Please see the below dates in which your clearances are due to expire.

|                                           | Expiration Date | Due Date |
|-------------------------------------------|-----------------|----------|
| Act 151 Child Abuse History Clearance     |                 |          |
| Act 34 State Police Criminal Record Check |                 |          |
| Act 114 FBI Fingerprint Check             |                 |          |

**\*THIS IS A STATEWIDE MANDATE WHICH AFFECTS ALL SCHOOL DISTRICTS AND BUSINESSES WORKING WITHIN A DISTRICT. THERE WILL BE A DRAMATIC INCREASE OF INDIVIDUALS APPLYING FOR CLEARANCES SO WE RECOMMEND YOU APPLY SEVERAL WEEKS OR MONTHS IN ADVANCE OF YOUR CLEARANCES EXPIRING.**

Instructions on obtaining clearances:

1. Act 151 Child Abuse Clearance: Fee applicable.
  - Visit <https://www.compass.state.pa.us/cwis/public/home> to fill out a report online & pay via credit card
  - Complete the attached clearance form and mail it to the address provided with a money order made payable to the Department of Public Welfare. This will take several weeks to process before you receive the clearance in the mail
  - Call 717-783-6211 or 1-877-371-5422 if further instructions are needed
2. Act 34 PA State Criminal History (PATCH) Clearance: Fee applicable.
  - Visit <https://epatch.state.pa.us/Home.jsp> to receive an instant report and pay by credit card
  - Call 1-888-783-7972 if further instructions are needed
3. Act 114 FBI Fingerprint Criminal Background Clearance: Fee applicable.
  - Register online and pay via credit card at [https://www.pa.cogentid.com/index\\_pde.htm](https://www.pa.cogentid.com/index_pde.htm)
  - Take your registration number to any fingerprinting facility (visit [https://www.pa.cogentid.com/ohio/PDE/PDE\\_map/PA\\_terr\\_map.html](https://www.pa.cogentid.com/ohio/PDE/PDE_map/PA_terr_map.html)) for locations)
  - Call 1-888-439-2486 if further instructions are needed





# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

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

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

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

## PURPOSE OF CERTIFICATION (Check one box only)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Foster parent<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having contact with children<br><b>If purpose is volunteer having contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">OIM/CAO PHONE NUMBER</div> </div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

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

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

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

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

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

## CONTACT INFORMATION

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

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

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

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

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

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

APPLICANT'S SIGNATURE
DATE

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

# INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

## General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of “volunteer having contact with children” may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant’s child abuse history certification application.

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

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

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

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

- (1) Any school of a school district.
  - (2) An area vocational-technical school.
  - (3) A joint school.
  - (4) An intermediate unit.
  - (5) A charter school or regional charter school.
  - (6) A cyber charter school.
  - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
  - (8) A private school accredited by an accrediting association approved by the state Board of Education.
  - (9) A non-public school.
  - (10) An institution of higher education.
  - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
  - (12) The Hiram G. Andrews Center.
  - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one’s home (other than the child’s own home) at any one time to four, five, or six children who are not relatives of the caregiver.
  - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a program, activity, or service, as a person responsible for the child’s welfare or having direct contact with children.
  - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
  - Check the box for **individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability or host home for children for at least 30 days in a calendar year** if you are an adult household member, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings and require certification.
  - Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
  - Check the **volunteer having contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child’s welfare or having direct

volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.

- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a **"PAYMENT AUTHORIZATION CODE"** by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

#### **Applicant Demographic Information:**

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

#### **Address:**

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

#### **Contact Information:**

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

#### **Previous Names Used Since 1975:**

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

#### **Previous Addresses Since 1975:**

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

#### **Household Members:**

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

#### **Signature:**

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

#### **CHILDLINE USE ONLY:**

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

#### **Additional Information:**

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

## PA STATE POLICE CRIMINAL BACKGROUND CHECK

Act 34 of 1985 specified that employees of public and private schools, hired as of January 1, 1986, must undergo criminal background checks.

**Act 15 of 2015 amended the clearance requirements to require criminal background checks be performed upon initial hire and then renewed every 60 months.**

### ELECTRONIC SUBMISSION

Pennsylvania Criminal History Record Checks can be processed instantly through an on-line application process by utilizing a credit card. PA Access to the Criminal History (PATCH) is provided through the Internet at <https://epatch.state.pa.us/Home.jsp>. Follow the directions provided through PATCH, to obtain an instant copy of your Criminal History Record.

### PAPER SUBMISSION

Hard copy application requests can be processed using Form, SP 4-164, Request for Criminal Record Check. Keep in mind the paper application process does not provide immediate results and will delay your ability to work/volunteer/etc. You can locate the Form at <https://epatch.state.pa.us/help/HelpHome.jsp>

1. Applicant completes Part 1. Please note that an *alias includes* Maiden Name. Information in Part 1 is the job applicant's name, address, and telephone number. The background check is to be returned by the State Police **to the applicant, not the school district**. Therefore, the block that begins with "NAME OF REQUESTER" should be completed with **your own name, address, and phone number**.
2. In order to expedite the processing of the hard-copy application, please submit the completed SP 4-164 along with a money order in the amount of **\$8.00 made payable to the "Commonwealth of Pennsylvania"** to:

**Office of Representative John McGinnis  
Suite 104, Gable's Building  
1331 Twelfth Avenue  
Altoona, PA 16601**

**Phone: 946-7218  
Hours: 9 AM to 4:30 PM, Mon-Fri**

Or, completed applications, accompanied by the money order, may be mailed directly to the State Police, but it will take longer to process your clearance request.

PERSONAL CHECKS WILL NOT BE ACCEPTED. Mail applications to:

**Pennsylvania State Police Central Repository  
1800 Elmerton Avenue  
Harrisburg, PA 17110-9758**

3. The State Police will return the Record Check *directly to the applicant* within one month. To check on the status, call **717-783-6211** or **1-877-371-5422**.

**Once you receive your clearance, you must provide it to Metz and a copy will be made for your file; the original is to be retained by the applicant.**



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

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

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

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

|                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FOR CENTRAL REPOSITORY USE ONLY<br/>CONTROL NUMBER</b>                                                                                                                                                             |
| <b>AFTER COMPLETION MAIL TO:</b><br><b>PENNSYLVANIA STATE POLICE</b><br><b>CENTRAL REPOSITORY – 164</b><br><b>1800 ELMERTON AVENUE</b><br><b>HARRISBURG, PA 17110-9758</b>                                            |
| <b>DO NOT SEND CASH OR PERSONAL CHECK</b>                                                                                                                                                                             |
| <b>CHECK ONE BLOCK</b>                                                                                                                                                                                                |
| <input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$8.00, PAYABLE TO: <b>"COMMONWEALTH OF PENNSYLVANIA"</b> THE FEE IS NONREFUNDABLE            |
| <input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$13.00, PAYABLE TO: <b>"COMMONWEALTH OF PENNSYLVANIA"</b> THE FEE IS NONREFUNDABLE |
| <input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE                                                                                                                                               |

|                                                                                                                                                                                                                                                           |                        |                            |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|-----|------|
| <b>SUBJECT OF RECORD CHECK</b>                                                                                                                                                                                                                            |                        |                            |     |      |
| (FIRST)                                                                                                                                                                                                                                                   | (MIDDLE)               | (LAST)                     |     |      |
| MAIDEN NAME AND/OR ALIASES                                                                                                                                                                                                                                | SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | SEX | RACE |
| <p align="center"><b>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only.</u></b></p> |                        |                            |     |      |
| <p align="center"><b>FEEES FOR REQUESTS - \$8.00. NOTARIZED FEE REQUESTS - \$13.00.</b><br/> <b>***MAKE ALL MONEY ORDERS PAYABLE TO: <u>COMMONWEALTH OF PENNSYLVANIA</u> ***</b></p>                                                                      |                        |                            |     |      |
| <p align="center"><b>REASON FOR REQUEST</b></p> <p align="center">◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶</p>                                                                                                            |                        |                            |     |      |
| <input type="checkbox"/> <b>INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$13.00 FOR REQUEST)</b>                                                                                                                    |                        |                            |     |      |
| <input type="checkbox"/> <b>ADOPTION (DOMESTIC)</b> <input type="checkbox"/> <b>EMPLOYMENT</b> <input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>OTHER</b>                                                                                 |                        |                            |     |      |

**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.**



## **(FBI) FEDERAL CRIMINAL HISTORY RECORD**

Act 114 of 2006 amended the Public School Code and placed clearance requirements on employees hired as of April 1, 2007.

**Act 15 of 2015 amended the clearance requirements to require background checks be performed upon initial hire and then renewed every 60 months.**

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

1. The applicant must register with Cogent Systems prior to going to the fingerprint site. Fingerprint services will not be provided to applicants without prior registration. Registration is completed online or over the phone. **WHEN REGISTERING, PLEASE DO SO UNDER THE DEPARTMENT OF EDUCATION.** Failure to register under the Department of Education will require you to re-register correctly and will result in additional charges. Registration is available online 24 hours/day, 7 days/week at <http://www.pa.cogentid.com/>. Telephone registration is available Monday to Friday, 8AM to 6PM EST at 1-888-439-2486. 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. To ensure a successful registration and avoid any data collection errors, please register yourself online. If you do register by phone, make sure your Social Security Number is collected correctly.
2. The applicant will pay the current fee for the fingerprint service. Applicants may make their payment online at [www.pa.cogentid.com](http://www.pa.cogentid.com) using a credit card or debit card. **NO CASH TRANSACTIONS OR PERSONAL CHECKS WILL BE ACCEPTED AT THE PRINT LOCATIONS.**
3. The applicant must complete the registration process and then proceed to the fingerprint site of choice. The location of the fingerprint sites with days and hours of operation are posted on Cogent Systems' website at [www.pa.cogentid.com](http://www.pa.cogentid.com). The location of fingerprint sites may change over time so applicants are encouraged to confirm the site location nearest to them.
4. Upon completion of online registration, the applicant will print a confirmation page which will show a **PAE Registration ID Number**. If the registration is completed by phone, the applicant will be given the PAE Registration ID Number at the fingerprint site.

**THE APPLICANT MUST PROVIDE THIS NUMBER TO METZ CULINARY MGMT** to enable them to officially view the CHR information online. Metz Culinary Management is able to access your FBI Clearance within 24-hours of your fingerprints being completed.

**THE FBI FEDERAL CLEARANCE IS IN ADDITION TO THE PA STATE POLICE CLEARANCE and the CHILD ABUSE CLEARANCE.**



**CONFIRMATION OF FINGERPRINT-BASED BACKGROUND CHECK**  
(Required for All Employees Working in Pennsylvania Public Schools)

**\*\*\*To be completed and one (1) copy returned with new hire paperwork\*\*\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Location: \_\_\_\_\_

Date Tested: \_\_\_\_\_

Registration Number (Provided by Testing Site): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

If you do not get results back within two weeks, call 1-888-439-2486 and provide your registration number to obtain results.

You may also visit [www.pa.cogentid.com](http://www.pa.cogentid.com) to obtain results.





**CONFIRMATION OF FINGERPRINT-BASED BACKGROUND CHECK**  
(Required for All Employees Working in Pennsylvania Public Schools)

>>>To be completed and one (1) copy kept with APPLICANT paperwork<<<

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Location: \_\_\_\_\_

Date Tested: \_\_\_\_\_

Registration Number (Provided by Testing Site): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

If you do not get results back within two weeks, call 1-888-439-2486 and provide your registration number to obtain results.

You may also visit [www.pa.cogentid.com](http://www.pa.cogentid.com) to obtain results.



## MANDATORY FORMS FOR ALL APPLICATIONS

### **PDE's Sexual Misconduct-Abuse Disclosure Release Form**

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.

### **PDE-6004 – Arrest/Conviction Report and Certification Form (Revised 3/1/16)**

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.**



**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>METZ CULINARY MANAGEMENT |              |                                |                                                 |
| Address:<br>1415 SIXTH AVENUE ROOM 111                            |              | Phone:<br>814-946-8271         |                                                 |
| City:<br>ALTOONA                                                  | State:<br>PA | Zip:<br>16602                  | Fax: 814-505-1440<br>Email: HREIMER@AASDCAT.COM |
| Contact Person:<br>HEATHER REIMER                                 |              | Title:<br>METZ GENERAL MANAGER |                                                 |

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.**

## 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"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- (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.