



Cheryl Muter
Personnel Coordinator

ADMINISTRATIVE OFFICE

531 Jones Avenue • North Braddock, PA 15104 • 412-731-1300 x 0114

EXTRA DUTY APPLICATION CHECKLIST

All documents must be within one year of application date.

- Application for EDR Position
- School Personnel Health Record (including TB test results)
- Clearances
 - Pennsylvania Criminal History
 - Child Abuse History
 - FBI Background check (Fingerprints)
- Pennsylvania Sexual Misconduct/Abuse Disclosure Release
- Employment Eligibility Verification (Form I-9)
- Payroll Form

Please submit all documents to:

Cheryl Muter
Personnel Coordinator
Administrative Office
531 Jones Avenue
North Braddock, PA 15104

APPLICATION FOR EDR POSITION

Date of Application _____

Application for the EDR Position of _____

for the _____ school year.

NAME _____
(Last) (First) (Initial)

ADDRESS _____ Telephone (____) _____
(Street) (City/Zip)

Present Assignment _____ School _____

If you are not presently employed in the Woodland Hills School District,
please indicate your present employment status if applicable.

(Employment status) (Employer)

Please state briefly your qualifications and experience for the above
positions:

Signature _____

Submit to : Building Level Principal

(For District use only)

Interview Date _____

Interview by: _____ Recommended: Yes ___ No ___

Comments: _____

Recommendation _____
(Building Principal)

Send to Personnel Office

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD

I. Patient Information

Last Name First MI Sex D.O.B.

Social Security Number Home Telephone Work Telephone

Mailing Address Street City 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 _____	/ /	Other _____	/ /		

*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.				
• Lung — 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

Enter your Service Code to get started

Enter Code ON

Need help with your Service Code?
 Call 1-800-845-7434 for assistance

Check the Status of your Service
 Check your status or report your LAR/IDM registration issue
 For assistance call 1-800-845-7434

Manage an existing Appointment
 Update your existing appointment or schedule a return

We provide the following additional services

State Recovery Check
 Request a copy of your criminal history record from a participating state

Fingerprint Cards
 (Used for fingerprint images for a fingerprint card)

Photo Services
 You'll need a photo for passport and visa documents

Service Code Lookup

Your Service Code is **1KG6XN**

At Identogo we are proud to provide enrollment services to thousands of agencies nationwide. The best way to ensure you enroll for the correct service is to obtain the correct Service Code directly from your agency or hiring organization. You are responsible for ensuring you enroll for the correct service.

Should you enroll for the wrong service your record cannot be transferred, you will be required to enroll again and you will incur additional costs for doing so. If you are uncertain this is the correct Service Code, please contact your agency or hiring organization directly.

Continue

1KG6XN - Pennsylvania PDE-School Districts

← Back to Home

Schedule or Manage Appointment
 Schedule or manage an appointment or change an existing appointment

What do I need to bring for enrollment?
 Find out what documents you need to bring to the enrollment center for fast lane processing

Locate an Enrollment Center
 Find all enrollment centers in your area

Submit a Fingerprint Card by Mail
 Complete the pre-enrollment information necessary to send a fingerprint card enrollment by mail



Check the Status of your Service
 Check your status or report your LAR/IDM registration issue
 For assistance call 1-800-845-7434



Manage an existing Appointment
 Update your existing appointment or schedule a return

1KG6XN - Pennsylvania PDE-School Districts

1 Scheduled Job

1 Available Job

1 Cancelled Job

1 Scheduled Job

Please enter your information below (letters, spaces, hyphens (-), and underscores (_) are allowed in name fields). Then click "Next" to check the status of your service or "Cancel" to exit.

Name Method of Contact

ID: (Date of Birth)

Notes
 * Your name (first, middle and last) must be on all identification documents brought to enrollment.
 * Remember the phone number and/or email address provided below as they will be used to retrieve your information during your in-person enrollment.

Legal Name
 First Name:
 Last Name:
 Middle Name (or MAID if no middle name):

Date of Birth
 Date of Birth:
 Confirm Date of Birth:

Method of Contact (email is required)
 Email:
 Confirm Email:

FBI FINGERPRINT CLEARANCE

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

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

Cost is \$22.60

Registration is required in order to have fingerprints taken.

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

Personal Info

Agency Information

Please enter your information below. Then click Next to continue or Cancel to exit.

Agency Identification

Create a security question

Once your background check is complete, you will be presented with this question in order to assist your user's review process.

Enter an answer for your security question

You will have to supply the answer to your question to verify your email address.

Back Next

FBI FINGERPRINT CLEARANCE CONT.

6. Create a Security Question and Answer (notate for future reference)

Personal Info

Citizenship

Please enter your information below. Then click Next to continue or Cancel to exit.

Citizenship

Country of Birth

City of Birth

Country of Citizenship

Back Next

7. Enter Citizenship Information

8. Enter answers to Personal Questions

Personal Info

Personal Questions

Please answer the questions below. Then click Next to continue or Cancel to exit.

Have you ever been arrested?

Is your mailing address the same as your residential address?

Do you have an Authorization Code (AUC) or PIN that you are using as a method of payment?

Back Next

9. Enter Personal Information

Personal Questions

Personal Information

Please enter your information below. Then click Next to continue or Cancel to exit.

Personal Information

Height

Weight

Hair Color

Eye Color

Preferred Language (Selects 5 other languages)

Gender

Race

Ethnicity

Back Next

Personal Info

Please enter your information below. Then click Next to continue or Cancel to exit.

Mailing Address

Country:

Address Line 1:

Address Line 2:

City:

Postal Code:

FBI FINGERPRINT CLEARANCE CONT.

Documents

Please enter any required documents to bring to your appointment. Then click Next to continue or Cancel to exit.

Documents

Document:

* Check the number (you are providing) under each ID to make sure all documents are included?

10. Enter Address

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

13. Select Location

14. Schedule Appointment

Locations

Please select a location. City, Airport Code or Normal Location Address Code to search for a location to schedule your appointment. After selecting a location, click Next to continue or Cancel to exit.

Search for an Appointment Center by Postal Code, City and State, or Airport Code

15106

Location	Address	Next 7 Days	Distance
Pittsburgh, PA	6156 Perry Hwy	241 appointments available	0.3 mi
Westport, PA	10621 Perry Hwy	0 appointments available	0.63 mi
Westport, PA	147 English Ave	0 appointments available	15.24 mi
Pittsburgh, PA	1096 Washington Rd	148 appointments available	75.13 mi
Cheswick, PA	8017 Robert Rd	3 appointments available	19.07 mi

15. Submit Registration

16. Print Confirmation

17. Payment is processed when prints are taken

18. Provide UEID to employer once prints have been processed

Date and Time

Select a preferred date and time for your appointment at the specified location. Then click Submit to confirm or Cancel to exit. If you are unable to make an appointment for the available times or all appointments are booked, click the Show button below to select another location.

Appointment Date and Time (first available displayed by default)

Select Date: Select Time:

Location:

Note: Subsequent appointments have priority over walk-ins.

Location Details:

Address: 8017 Robert Rd, Cheswick, PA 15024



How to submit a request for Criminal History

To perform a record check request, at a minimum you must furnish the subject's Name and Date of Birth. The subject's Social Security Number, Sex, Race, Maiden Name, and/or Aliases may also be entered as additional identifying information. Once a criminal history check has been requested, one of the following possible responses will be immediately received: Pending, No Record, or Request Under Review.

A Pending response indicates that a response from the Criminal History system did not come back quick enough. If you received a Pending response, please check the status of this request at a later time.

A response of No Record indicates that, based on the data entered by the user, that there is no criminal history information contained in the files of the Pennsylvania State Police Central Repository.

A response of Request Under Review **does not** indicate a criminal record.

Submitting a request for Criminal History

1. Select the New Record Check option from the Record Check drop down list at the top of the page or click on the Record Check hyperlink at the bottom of the page.
2. PATCH will display the Terms and Conditions surrounding its use. Read and accept these Terms and Conditions in order to proceed with record check request submission.
3. Complete the personal information form and click on the Next button - Reason For Request (select from the drop down list), Name, Address and Telephone Number are required fields.
4. PATCH will display the personal details entered in the last step. Review the details. Click on the Back button if any of the information needs to be changed. Otherwise, click on the Proceed button.
5. Complete the Record Check Request form - Name and Date of Birth are required fields. Click on the Enter this Request button to add the request to the record check request queue. Up to 10 record check requests can be added to this queue. Click on the Finished button once all the record check requests have been entered. If any of the entered record checks need to be modified, click on the hyperlink to display the list of entered requests and click on the name of the subject that needs to be modified. Make the necessary changes and click on the Finished button.
6. PATCH will display a summary listing of the record check requests in the queue. Details on the request can be viewed by clicking on the corresponding Subject Name. If necessary, more requests can be added by clicking on the Add Request button. Otherwise click on the Submit button to proceed to payment. The charge is \$10.00 per record check request.
7. Complete the Credit Card Information form. PATCH accepts Visa, Discover, Master Card and American Express. Name, Address, Credit Card Type, Credit Card Number, Card Verification Method (CVM) number and Expiration Date are required. Click on the Next button once the form has been completed.
8. PATCH will display the Credit Card information entered in the last step. Review the details. Click on the Back button if any of the data needs to be changed. Otherwise, click on the Submit button. At this point PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. This cannot be undone. The processing of the requests may take a moment, please be patient and do NOT click the submit button again. If the record check transaction fails for some reason, contact the PATCH Help Line toll-free at 1-888-QUERY-PA (1-888-783-7972) to request a refund.
9. PATCH will display a summary listing of the Record Check Results. Details on the record check result can be viewed by clicking on the corresponding Subject Name. Click on the Invoice Number in the Record Check Details page to access a printable invoice. Click on Certification Form in the Record Check Details page to access a printable certificate validating that a record check was conducted for the individual. Please note down the Control Number and the Request Date; this information will be required in order to inquire on the status of a record check.
10. PATCH will show a No Record status if there are no records found for the request. Otherwise it will return a Request Under Review response. A Request Under Review response **does not** indicate a criminal record.

Please note the link below for the online submission requests for child abuse clearances effective 12/31/2014.

Thanks

ELECTRONIC SUBMISSION

Child Abuse History Clearance Online: <https://www.compass.state.pa.us/CWIS>

Creating an account and submitting your clearance application online will give you immediate access to your results or the status of your results if your results cannot be processed immediately.

Organizations who want to set up business accounts must first register for a Business Partner User account using the "Organization Account Access" link on the Child Welfare Portal. Organization accounts will allow businesses and organizations to purchase child abuse history clearance payment codes and distribute those codes to applicants. When an applicant uses a code given to them by an organization, the organization will have access to the applicant's child abuse history clearance results once those results are processed.

PAPER SUBMISSION

Paper submissions of the Pennsylvania Child Abuse History Clearance application will still be accepted for anyone who may not have access to the internet. Submit paper applications to:

ChildLine and Abuse Registry

Pennsylvania Department of Human Services

PO Box 8170

Harrisburg, PA 17105-8170

1. The instructions for how to complete the Pennsylvania Child Abuse History Clearance application are now included on the last page of the application and can be printed for easy reference when completing the application. Failure to comply with the instructions that are attached to the application will cause considerable delay in processing the results.
2. Applicants can now type their information directly onto the application or the information can be hand written onto the application.
3. If the information is typed directly onto the application, the information will NOT be able to be saved on a computer unless the computer has a licensed version of the acrobat adobe software. Therefore, please be sure to print the completed application before closing the document so that the information typed on the application is not lost.
4. If you have trouble accessing the application you may need to download the latest version of Adobe Reader, which is available free on the internet.

NOTE: ALL information that has been entered directly onto the application will be lost if you close the application prior to printing it (if your computer does not have a licensed version of the Acrobat Adobe software).

Once the application is received in the ChildLine and Abuse Registry's Verification Unit, the results of the Pennsylvania Child Abuse History Clearance will be mailed to the applicant's address that was noted on the application within 14 days from the date that the application is received in the ChildLine Verification Unit.

CY113 form – English Child Abuse Clearance

CY113 form - Spanish Child Abuse Clearance

For questions related to the Pennsylvania Child Abuse History Clearance, please contact the ChildLine Verification Unit at 717-783-6211 or toll free at 1-877-371-5422.

**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:	

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 business 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):	

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 true, correct and complete. 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.

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)

Employing Entity receipt date _____

Received by _____

Contact telephone # _____

Dates of employment of Applicant: _____

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?

Former Employer Representative Signature and Title

Date

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 wilful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Return all completed information to:

School Entity:		
Address:		Phone:
State:	Zip:	Fax:

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 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 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 wilful 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 wilfully violated the provisions of Act 168.