



## Schuylkill Valley School District Leesport, PA

### COACHING PAPERWORK AND REQUIREMENTS

#### PAPERWORK

**W-4 FORM** – This form is required for all jobs, so most people have filled it out before. It requires you to state how many allowances you are claiming for payroll tax withholding purposes.

**BERKS EIT FORM** – Please fill out all pertinent information, sign and date the form at the bottom. Do not fill out the boxes. This is a requirement for working in Berks County

**APPLICATION** – Fill out the entire Coaching Application, sign and date the form.

**DISCLOSURE STATEMENT** – Fill out the entire form which will allow you provisional status as an employee until all paperwork, clearances and coursework is completed.

**I-9 EMPLOYEE ELIGIBILITY VERIFICATION FORM** – This form basically ensures that you are who you say you are and is a federal requirement. Please fill out the top section of the form, sign and date it. The middle section requires that you show documentation for review. The School District requires copies of these documents along with the form. You can either copy one document from List A on the back of the form or two documents, one from list B **and** one from list C. If you have a US passport (List A), that is the easiest thing to copy. If not, we will need a copy of a driver's license (List B) **and** either a Social Security card (List C) or your birth certificate (List C).

**WORKERS COMP** – The second page (back of page 1) must be filled out and returned. This form delineates your rights and the process for Worker's Compensation should you get hurt while coaching.

**ACT 24** – This form must be signed and returned. It requires the employee to detail any and all arrests or convictions he/she may have had. It also specifies that if an employee is arrested, he/she must report the arrest to Schuylkill Valley School District. The act (and info on the form) specifies that certain charges eliminate a person from school employment and/or require them to wait several years before returning to school employment.

**ACT 168 Comm of PA Sexual Misconduct/Abuse Disclosure Release** – This form must be completed detailing information about your current employer and any other former employers where you had direct interactions with children and/or your primary job responsibility involved children. By state law, the school district must send these forms to your current/former employers and have them returned by all entities. Please note that until all of these forms are returned, your employment is by law considered providing (for up to 90 days) and you may only work with the students under the direct supervision of another Schuylkill Valley School District employee.

#### CLEARANCES

##### FBI Fingerprinting

FBI Fingerprinting services are available at these locations in Berks County:

- **Berks County Intermediate Unit** (Walk-ins welcome although appointments are accepted)  
1111 Commons Blvd, Reading, PA 19605  
610.987.8264  
[www.berksiu.org](http://www.berksiu.org) (for directions and/or to make an appointment)
- **Business Link Print Pack and Ship Center** (Walk-ins welcome, no appointment needed)

314 West Main Street, Kutztown, Pa 19530  
610.682.9575

- **Mail N Ship 4 U** (Walk-ins welcome, no appointment needed)  
96 Commerce Drive, Wyomissing, Pa 19610  
610.376.3805

*Please follow the instructions below for having your fingerprints taken:*

1. **Register with COGENT SYSTEMS** online ([www.pa.cogentid.com](http://www.pa.cogentid.com)) or over the phone (888.439.2486, Monday – Friday from 8:00 am to 6:00 pm).
2. After you register with Cogent Systems, either print out the registration number (if you registered online) or write down the registration number (if you registered by phone). *Bring this registration number with you to the fingerprint site.*
3. You may pay with a credit/debit card before arriving for fingerprinting, either online or by phone, while registering with Cogent. Another option is paying with a money order (payable to “Cogent Systems”) when you arrive at the fingerprint site. You will be given a separate registration number for making payment with a credit/debit card. *Please bring this payment confirmation number with you to the fingerprint site.*
4. The cost for the FBI clearance is \$28.75.
5. No appointment is necessary at *Business Link Print Pack and Ship Center* and *Mail N Ship 4 U*.
  - a. Though no appointment is necessary to have your prints taken at the *BCIU*, you do have the option of making an appointment by logging onto the website ([www.berksiu.org](http://www.berksiu.org)), going to the “Quick Links” drop-down menu, and clicking on “FBI Fingerprinting”. At the bottom of the page are links to schedule an appointment, reschedule, or delete an appointment. **You may also call 610.987.8264 to schedule an appointment.** If you are unable to keep your appointment, please reschedule or cancel it as soon as possible.
6. Please bring one of the following forms of identification with you to the fingerprint site:
  - State-issued Driver’s License
  - U.S. Active Duty/Retiree/Reservist Military ID Card (000 10-2)
  - U.S. Passport
  - College-issued Student ID
  - INS I-551 Resident Alien Card Issued since 1997
  - INS I-688 Temporary Resident Identification Card
  - INS I-688B, I-766 Employment Authorization Card
7. Provide prospective employer with your registration number, as well as include your registration number on any applications. The fingerprint results should be available within 24-48 hours after your fingerprints are taken, and your prospective school employer will need your registration number to access this information.

#### **Pennsylvania Child Abuse History Clearance (\$10.00)**

You can now request clearance statements online, with a cost of \$10. Please visit <https://www.compass.state.pa.us/CWIS> to begin the process. Creating an account and submitting your clearance application online will give you almost immediate access to your results or the status of your results if your results cannot be processed immediately. Once you submit the online form you will receive an email when your clearance certificate is processed and ready to print. You will then just have to log in to your account and print the clearance certificate.

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 (included in this packet) to:

ChildLine and Abuse Registry  
Pennsylvania Department of Human Services

If submitting a request via mail, you must include a \$10.00 money order, payable to DEPARTMENT OF PUBLIC WELFARE. Do not send cash or personal check. 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 from the date that the application is received in the ChildLine Verification Unit.

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.

**Pennsylvania State Police Request for Criminal History Record Check (\$10.00)**

The quickest way to process this clearance is to log on to <http://epatch.state.pa.us> and use your credit card for payment. In most cases, you should receive instantaneous results if no record exists. If you do not have access to a computer, you should complete the "Pennsylvania State Police Request for Criminal Record Check" application (included in this packet) and mail the form, along with a \$10.00 money order to:

Pennsylvania State Police  
Central Repository – 164  
1800 Elmerton Avenue  
Harrisburg, Pa 17110-9758

*Please note that requesting this clearance by mail will result in a significant delay – up to six to eight weeks. Therefore, it is recommended that you utilize the online request process. If you have questions about the Pennsylvania State Police Request for Criminal Record Checks form (SP4 164), please call: (717) 783-9973 or toll free 1-888-783-7972.*

## **COURSEWORK**

**CONCUSSION MANAGEMENT** – Every year prior to the start of the PIAA season, every coach (paid and volunteer) employed by the School District must take the NFHS concussion course. The course is free and is offered online at <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>. The course takes approximately 20 minutes to complete and has a 5-question quiz at the end. Coaches who successfully pass the course are given a certificate to return to the School District. Again, this is an annual requirement for all coaches.

**SUDDEN CARDIAC ARREST** – Starting with the 2013-2014 school year, all coaches are required to take an annual Sudden Cardiac Arrest course. The course structure and format is similar to the Concussion course which is also mandated by state law. The website for the sudden cardiac arrest course is <http://www.sportsafetyinternational.org/cardiacwise-pats/>. The course takes approximately 20 minutes and you will receive a certificate upon completion which must be turned into the Schuylkill Valley School District prior to your employment.

**CHILD ABUSE RECOGNITION** - Every employee of a Pennsylvania school district must take and pass a Child Abuse Recognition course. This course has to be a minimum of three (3) hours long and is delivered online via the Berks County Intermediate Unit. To access the online training course visit <http://schuylkillvalley.pa.safeschools.com/login>. Sign in using your first initial and last name (EX jsmith for John Smith). Verify your identity and click on Log Me In. This will take you to the three modules of training. Click on Part 1 and complete all three modules.

You do not have to print the certificates after each module since the district can access your progress. However, you do need to take the appropriate quizzes. After you complete the training, please read the Schuylkill Valley School District Child/Student Abuse Policy #806 and return the signed Confirmation of Receipt of Information form.

# Form W-4 (2015)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	_____
B	Enter "1" if: <ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul> . . . . .	B	_____
C	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	_____
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	_____
F	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	F	_____
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li><li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li></ul>	G	_____
H	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, <b>complete all worksheets that apply.</b> <ul style="list-style-type: none"><li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul>			

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

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2015</b>	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$ _____	
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶				7 _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2015 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,000 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)****Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$8,000	0
6,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 26,000	3	26,001 - 34,000	3
26,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

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

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

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

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



## LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

### TO EMPLOYERS/TAXPAYERS:

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

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE	TOTAL RESIDENT EIT RATE	
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
Schuylkill Valley School District			23-1670251
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
929 Lakeshore Drive			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
Leesport	PA	19533	610-916-5445
MUNICIPALITY (City, Borough, Township)			
Ontelaunee Township			
COUNTY	PSD CODE	MUNICIPAL NON-RESIDENT EIT RATE	
Berks	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div> </div>	1%	

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

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

[www.newPA.com](http://www.newPA.com)  
 Select Get Local Gov Support, >Municipal Statistics



# Schuylkill Valley School District Coaching Application

Name: \_\_\_\_\_ Desired Position: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

College(s) Attended (if applicable) \_\_\_\_\_

Degree(s)/Certification(s): \_\_\_\_\_

Please indicate previous coaching experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Work History:** Please list your current employer and any previous employment that you had direct contact with children/primary responsibility involved children. Please note that each one of these employers must complete the Act 168 form before you can be hired. The first box is for your current employer regardless of whether this position involves children. Attach additional sheet if more than 3 past qualifying employers.

Employer's Name, Address, Telephone & Fax Number	Employed From - To	Job Title	Supervisor	Reason for Leaving

**References:** Please do not include relatives. References should included people who have first-hand knowledge of your professional competence and your personal qualifications.

Name	Position	Address	Telephone

*Please see back for General Background Information and Release Authorization.*

## GENERAL BACKGROUND INFORMATION

Were you ever convicted of a criminal offense?

☐ Yes

☐ No

Do you have any pending criminal charges?

☐ Yes

☐ No

Have you ever forfeited bond or collateral in connection with a criminal offense?

☐ Yes

☐ No

Within the last ten years, have you been fired from any job for any reason?

☐ Yes

☐ No

Within the last ten years, have you quit a job after being notified that you would be fired?

☐ Yes

☐ No

Are you subject to any visa or immigration status which would prevent lawful employment?

☐ Yes

☐ No

Have you ever been subject to disciplinary action for failure to follow the Pennsylvania Concussion Law or the Sudden Cardiac Arrest Law?

☐ Yes

☐ No

**Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet and include the last four (4) digits of your social security number.**

## AUTHORIZATION

1. I hereby authorize Schuylkill Valley School District to contact school, college, employment, and all other sources for the purpose of investigating and verifying statements and references herein, and I hereby authorize said sources to disclose such records and other information as may be requested by the Schuylkill Valley School District. I authorize investigation of all statements contained in this application, and I certify that any and all information which I have set forth in this application is true and accurate to the best of my knowledge.
2. I understand this application must be completed thoroughly. If it is not thoroughly completed, it may jeopardize my employment with the District. If this application leads to employment, I understand that misrepresentation, misleading, false or omitted information in my application or any interview is grounds for my dismissal from employment.
3. To be employed by the Schuylkill Valley School District you must possess the following clearances: Pennsylvania Child Abuse Clearance (Act 34), Pennsylvania Criminal Background Check (Act 151), FBI Federal Criminal History Record (Act114), Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release (Act 168), and a PDE-6004 Arrest/Conviction Report & Certification Form. These clearances may be accessed by going to the Schuylkill Valley Employment Page at [www.schuylkillvalley.org](http://www.schuylkillvalley.org). Coaches must also pass the NFHS Concussion and NFHS Sudden Cardiac Arrest course on an annual basis and take a Child Abuse Recognition course as prescribed by the school district every five years.
4. The position holder must be able to perform the essential job functions with or without reasonable accommodation. It is the responsibility of the employee to inform the Human Resource Department of the Schuylkill Valley School District in writing of any and all reasonable accommodations that will be required.

**Signature of Applicant:**

**Print Name:**

**Date:**

### AN AFFIRMATION ACTION/EQUAL OPPORTUNITY EMPLOYER

The Schuylkill Valley School District shall not discriminate in the educational programs, activities, or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry, or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official, Superintendent of Schools, 610-961-0957, for compliance with Title VI, Title IX, and Section 504 may be obtained by contact the school district.

SCHUYLKILL VALLEY SCHOOL DISTRICT

929 LAKESHORE DRIVE, LEESPORT, PA 19533

610-916-0957

610-926-3960 (fax)



# Disclosure Statement for Provisional Employment in Pennsylvania Schools

Name \_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As required by Act 114 of 2006 (Section 1-111 of the Public School Code of 1949, as amended), I swear/affirm that I have done the following (check only those that are applicable):

- ☐ I have applied for a Criminal Record Check through the Pennsylvania State Police as required by Act 34 of 1985.
- ☐ I have applied for a Pennsylvania Child Abuse History Clearance through Pennsylvania's Department of Public Welfare as required by Act 151 of 1994.
- ☐ I have registered for and have been fingerprinted for a Federal Criminal History Check through Pennsylvania's Department of Education as required by Act 114 of 2006

I further swear/affirm that:

- ☐ I have not been named as a perpetrator of a founded or indicated report of child abuse or have been named as the individual responsible for injury or abuse in a founded or indicated report for school employee.
- ☐ I have never been convicted of any felony of a sexual or violent nature, especially involving minors, in the fifty (50) states and commonwealths of the United States of America, territories of the United States of America, military bases and facilities of the United States of America, and any and all other possessions of the United States of America, such crimes to include, but not limited to, the following:

Criminal Homicide	Indecent Assault	Involuntary Deviate Sexual Intercourse
Aggravated Assault	Indecent Exposure	Endangering the Welfare of Children
Rape	Harassment and Stalking	Incest
Kidnapping	Concealing the Death of a Child	Prostitution and Related Offenses
Unlawful Restraint	Sexual Assault	Aggravated Indecent Assault
Statutory Sexual Assault	Corruption of Minors	Sexual Abuse of Children
Violations of any Controlled Substance, Drug, Device, or Cosmetic Act		Engaging in Obscene and Sexual Materials and Performances
Dealing in Infant Children (i.e., buying and selling children for adoption market)		

Having so sworn and signed, I understand that I will be permitted to work for the Schuylkill Valley School District for a maximum of thirty (30) calendar days. If either one of the criminal background checks indicates that I have, in fact, a history of convictions for offenses of a violent or sexual nature, especially those involving minors (as listed above), I understand that my conditional employment will be terminated immediately for falsifying my application. The same applies to any misrepresentation associated with the Child Abuse History Clearance.

I understand that, as a provisionally hired employee, I must work within eyesight of a permanent employee at all times. Penalty for non-compliance will be immediate termination of employment.

I understand that I must be dismissed if I have been named as a perpetrator of a founded report of child abuse or named as the individual responsible for injury or abuse in a founded report for school employee.

I understand that I must be dismissed if I have been convicted of any of the crimes listed above.

I understand that my employment will be terminated if I have been named as the perpetrator of an indicated report of child abuse or named as the individual responsible for injury or abuse in an indicated report for school employee.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State ▼	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ]-[ ]-[ ]		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ▼ Zip Code



Employer Completes Next Page



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

WORKERS' COMPENSATION  
EMPLOYEE ACKNOWLEDGEMENT OF RIGHTS & RESPONSIBILITIES

**Employer:** Schuylkill Valley School District

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In Pennsylvania, the workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

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~~Your benefits could be delayed or denied if you do not notify your employer immediately.~~

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, Pennsylvania 17104-2501  
Telephone number within Pennsylvania (800) 482-2383  
Telephone number outside of this Commonwealth (717) 772-4447  
TTY (800) 362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us) - PA Keyword: workers comp.

I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306(f.1)(1)(I) of the Pennsylvania Workers' Compensation Act. My rights and duties include the following:

1. I recognize and agree that my employer has posted a list of at least six (6) health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated care organizations (CCO). I further agree that my employer has provided the name, address, telephone number, and area of medical specialty of each designated provider on the list.
2. I have the duty to obtain treatment for work-related illnesses from one or more of the designated health care providers listed below for ninety (90) days from the date of first visit to a designated provider.

3. As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer.
4. I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment.
5. If I am referred by a designated provider to a non-designated provider, my employer shall provide for the treatment rendered by the referral provider.
6. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period.
7. I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand my employer is not responsible to pay for these services.
8. After the expiration of the ninety (90) day period, I have the right to seek treatment from any health care provider, and my employer must pay for such treatment if it is reasonable and necessary.
9. If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for treatment rendered by the non-designated provider prior to notification; and,
10. If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I choose to follow the recommendation of my health care provider (the additional opinion), the procedure shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion).

I, \_\_\_\_\_, employee of \_\_\_\_\_, hereby  
certify that I was provided with the above statement and attached Provider Panel.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Schuylkill Valley School District

### Physician Panel

#### Occupational Medicine 1<sup>st</sup> Aid / Urgent Care

US Healthworks  
1114 Commons Boulevard  
Reading, PA 19605  
(610) 926-0960  
Hours: M-F 7am – 6pm

#### General Surgery

Timothy Malak, MD  
5 Hearthstone Court  
Suite 105  
Reading, PA 19606  
(610) 370-1790

Terrance Hanley, MD  
Anne Flynn, MD  
301 South 7<sup>th</sup> Avenue  
Suite 3070

West Reading, PA 19611  
(610) 375-4381

#### Ophthalmology

Progressive Vision Institute  
1300 Broadcasting Road  
Wyomissing, PA 19610  
(610) 396-9999

Carim Eye and Retina Center  
Moiz M. Carim, M.D.  
Michael D. Cefaratti, M.D.  
Leah R. Warluft, M.D.  
Marlon G. Burt, O.D.  
Nicole M. Forney, O.D.  
Patrick Stone, O.D.  
2630 Westview Drive  
Wyomissing, PA 19601  
(610) 376-1981

#### Orthopedics

Commonwealth Orthopedic Associates  
John Dethoff, MD  
John Martin, MD  
John Stelmach, MD  
Paul Marr, MD  
R. Scott Cook, DO  
Tracy Frombach, DO  
Kimberly Hurley, DPM  
Rakesh P. Mashru, MD  
1235 Penn Avenue  
Wyomissing, PA 19610  
or  
11 Fairlane Road  
Exeter, PA 19606  
(610) 779-2663

Beikshire Orthopedics Associates  
Gary Canner, MD  
Stephen R. Soffer, MD  
2201 Ridgewood Road  
Suite 250  
Wyomissing, PA 19610  
(610) 375-4949

#### Chiropractor

Mitchell Price, DC  
4641 Pottsville Pike  
Reading, PA 19605  
(610) 926-1212

Brady Chiropractic Center  
Todd Brady, DC  
534 Raymond Street  
Reading, PA 19605  
(610) 929-3333

#### Neurology

Neurological Med LTD.  
1940 North 13<sup>th</sup> Street  
Suite 203  
Reading, PA 19604  
(610) 921-3890

#### Neurosurgery

Spine and Brain Neurosurgery Center  
Richard Close, MD  
Raymond Truex, Jr., MD  
601 Spruce Street  
West Reading, PA 19611  
(610) 375-4567

#### Physiatry

#### Pain Diagnosis and Treatment

Leon Venier, MD  
2209 Quarry Drive  
Suite B-24  
West Lawn, PA 19609  
(610) 927-9366

#### Physical Therapy

Premier Comp PT Network  
Call Toll Free for Closest Location  
1-888-594-4001

#### Pharmacy

Proceed to participating pharmacy with RX card, call 1-877-444-4644  
if you need assistance or if you do not have a card.

#### Diagnostic Testing

One Call Medical  
Call 1-866-626-7243 for locations and appointments.

#### Durable Medical Equipment Facility

Cypress Care  
1-800-419-7191

United Medical Equipment  
Call 1-800-397-9900 for locations.

Revised 08/28/2012

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any former names  
by which you have  
been identified: \_\_\_\_\_

**Section 2. Report of Arrest or Conviction**

☐

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 Instructions on Page 3 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

**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.

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**Section 3. No Arrest or Conviction**

☐

By checking this box, I state that I have not been arrested for or convicted of any Reportable Offense.

**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

This standardized form (PDE-6004) has been developed by the Pennsylvania Department of Education, pursuant to 24 P.S. §1-111(j), to be used by current and prospective employees of public and private schools, intermediate units and area vocational-technical schools for the written reporting by current and prospective employees of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of a public or private school, intermediate unit or area vocational-technical school. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after an arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

**Exemption:** Any current employee who completed a PDE-6004 on or before December 27, 2011, in compliance with 24 P.S. §§1-111(j)(1) and (2) on that date, and who has not been arrested for or convicted of an offense enumerated under 24 P.S. §§1-111(e) and (f.1) shall not be required to complete an additional form.

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.

If you have questions regarding to whom the form should be sent, please contact your supervisor or the school entity administration office.

**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.

**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:**

<b>School Entity:</b> Schuylkill Valley School District	
<b>Address:</b> 929 Lakeshore Drive, Leesport	<b>Phone:</b> 610-926-1706
<b>State:</b> PA	<b>Fax:</b> 610-926-3960

**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:**

<b>School Entity:</b> Schuylkill Valley School District	
<b>Address:</b> 929 Lakeshore Drive, Leesport	<b>Phone:</b> 610-926-1706
<b>State:</b> PA	<b>Fax:</b> 610-926-3960
<b>Zip:</b> 19533	

**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."

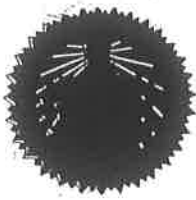
**Please Note**

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.



SCHUYLKILL VALLEY SCHOOL DISTRICT  
ADMINISTRATION CENTER  
929 LAKESHORE DRIVE  
LEESPORT, PENNSYLVANIA 19533-8631  
www.schuylkillvalley.org



OFFICE OF THE SUPERINTENDENT  
610-916-0957  
FAX 610-926-3960

## REQUEST TO CONSIDER DIRECT DEPOSIT

*....helping us cross the finish line....*



The district is launching a campaign to get employees enrolled in the direct deposit program for payroll and *we need your help*.

Would you like one less errand to run? Would you like to stop waiting in long lines at the bank? Would you like the convenience of having your paycheck available in your bank first thing on Friday morning before the banks even open?

In addition, did you know that each paycheck costs the district approximately \$0.59 with a current annual cost of \$3,680? In an attempt to "go green" and redirect these funds to benefit the students we encourage you to sign up today for direct deposit.

Please take a moment to *complete the form* on the reverse side of this letter. You can return it to us by interoffice mail (business office), email ([lhelbert@schuylkillvalley.org](mailto:lhelbert@schuylkillvalley.org)), or fax (610-926-3960). Of course, you may always stop by central administration (7:30AM-4:00PM) to drop it off.

Thank you, in advance, for your help with this. If you have any questions, please call our Business Office at 610-916-5445. We are eager to be helpful.



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY  
NAME

SCHUYLKILL VALLEY SCH DIST

COMPANY  
ID NUMBER

I (we) hereby authorize Schuylkill Valley School District, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and /or debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ SS# \_\_\_\_\_  
(Please print)

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

---

Please return completed top portion and required document(s) to the business office

FROM: Payroll Office

RE: Direct Deposit

Please include one of the following documents for account verification:

- direct deposit to checking – a void check
- savings – a document, reporting routing and account number

The first pay cycle after your direct deposit application is processed will be a "live" check, so that a prenote can be run

The next pay will be direct deposit to the requested account.

If you have any questions or concerns, please contact payroll by email or telephone.

Lisa Helbert – 610-916-5445