



CORRY AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION

540 East Pleasant Street, Corry, PA 16407-2246

(814) 664-4677 • Fax (814) 664-9645

<http://www.corrysd.net>

SUPPLEMENTAL/RECREATIONAL APPLICATION PROCEDURES

1. Complete and sign the **SUPPLEMENTAL/RECREATIONAL APPLICATION**. Be sure to indicate the position desired at the time of the application.
2. Complete the **ACT 24/82 – ARREST/CONVICTION REPORT AND CERTIFICATION FORM** (PDE-6400). Retain pages 2 and 3 for your reference.
3. Please also include these additional items:
 - TB testing and results obtained no longer than 3 months prior to the date of application. Any results older than 3 months will not be accepted.
 - Clearances – Please follow the instructions for **CORRY AREA SCHOOL DISTRICT CLEARANCE PROCEDURES FOR EMPLOYMENT/PAID POSITIONS**:
 - Act 34 – Pennsylvania Criminal History Check
 - Act 151 – Pennsylvania Child Abuse History
 - Act 114 – FBI Federal Criminal History - Fingerprint Check
 - Act 31/126 – Mandated Reporter Training
4. Read, sign and date the **CASD PRE-EMPLOYMENT DRUG TESTING CONSENT FORM**. If you are offered a position, you will be contacted by the district and an initial drug screening will be scheduled for you at LECOM Health Corry Memorial Hospital.
5. Return application packets in PDF format to kspence@corrysd.net or mail/drop off to:
Corry Area School District – Administration Office
ATTN: Employment
540 East Pleasant Street
Corry, PA 16407

Please note, all documents must be on file before being considered for a Supplemental/Recreation position or submitted to the School Board. If you have any questions regarding your completed application, please email kspence@corrysd.net.



CORRY AREA SCHOOL DISTRICT
540 East Pleasant Street
Corry, PA 16407

SUPPLEMENTAL/RECREATIONAL APPLICATION

Team/Activity _____

Position Desired

Please check one

Coach

Assistant Coach

Coordinator

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PERSONAL DATA

Name

First _____ Middle _____ Last _____

Address

Street/PO Box _____ City, State _____ Zipcode _____

Phone

_____ Email _____

REFERENCES *(May not use relatives)*

Name	Address	Position	Phone #

I certify that the information provided in this application is true and complete to the best of my knowledge, and understand that I will be subject to dismissal if any statement in this application is found to be untrue.

Date

Signature of Applicant

The Corry Area School District is an equal opportunity education institution and does not discriminate in employment, educational programs or activities based on race, color, religion, ethnicity, national origin, sex, gender, gender identity and expression, sexual orientation, age or disability, because a person is a disabled veteran or veteran of the Vietnam Era or any other legally protected class, or for engaging in any other protected activities. The District does not discriminate on the basis of sex in the education programs or activities that it operates, as required by Title IX, including in admission and employment practices. All inquiries implicating the protected classes and laws listed above should be directed to the District's Title IX Coordinator, Mr. Bill West, Director of Secondary Education, 540 East Pleasant Street, Corry PA 16407, bwest@corrysd.net, (814) 664-4677. Complaints of discrimination may also be referred to the Assistant Secretary of the U.S. Department of Education.

DO NOT WRITE BELOW THIS LINE - ADMINISTRATIVE USE ONLY

☐ Application ☐ Letter of Interest ☐ Act 24/82 ☐ TB Results ☐ Act 34 ☐ Act 151 ☐ Act 114 ☐ Act 31/126
☐ Pre-employment Drug Testing Consent ☐ Board Approval Date _____

ARREST/CONVICTION REPORT AND CERTIFICATION FORM

(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by
which you have
been identified: _____

Section 2. Arrest or Conviction

☐

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

☐

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

☐

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

☐

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

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

CORRY AREA SCHOOL DISTRICT
540 E. PLEASANT STREET
CORRY, PA 16407
(814) 664-4677 (fax) (814) 664-9645

REQUIRED TUBERCULOSIS TEST RESULTS
(as per Regulations of the Department of Health)

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

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. _____

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 Patient Date

CORRY AREA SCHOOL DISTRICT
CLEARANCE PROCEDURES FOR EMPLOYMENT/PAID POSITIONS

Act 34 - Pennsylvania Criminal History Check

Log onto the website <https://epatch.state.pa.us/Home.jsp> and click *Submit a New Record Check* then follow the instructions. You will pay with a debit/credit card. **The current fee is \$22.00.** Once you complete all of the necessary information you will come to a page that says will provide you with a link to the clearance. Click on that and a new page will open with a *Pennsylvania Seal* in the background. This will be your official document. You may want to print a couple copies; one for your application/employment and additional copies for future reference.

Act 151 - Pennsylvania Child Abuse History

Log onto the website www.compass.state.pa.us/cwis. Click on *Create Individual Account* and follow the instructions. Use an email address you can access immediately. You will log back into your account and complete the information. Where it asks, you will check the box **School employee governed by the Public School Code**. This website will ask for previous names, addresses and household members since 1975. Do not leave any section blank. You will pay with a debit/credit card. **The current fee for this clearance is \$13.00.** Once you have completed all of the information you can log out. Once your clearance has been processed you will receive an email stating you can view your results or you can log back in periodically to check the availability of your certificate.

Keep track of your information for your own personal use:

Keystone ID _____ Password _____

ACT 114 - FBI Federal Criminal History – Fingerprint Check

You will need to register online at <https://uenroll.identogo.com> **BEFORE** going to the fingerprint scanning site. You will be instructed to enter a Service Code specific to our school district. The Service Code is **1KG6XN**. All demographic data will be collected at this time (name, address, SS#, etc). Once you complete all of the information you will choose from a list of locations available for this service and also a time to reserve your appointment. **The current fee for this clearance is \$25.25.** On your receipt above your name will be a number that begins with UZSV, this is all that is needed to be returned with your application. You will need to take a Photo ID with you to be fingerprinted. Scanning only takes several minutes. All applicants will receive an unofficial paper copy of the report to keep for future reference.

Keep track of your information for your own personal use: UZSV- _____

Act 31/126 - Mandated Reporter Training

Log onto the website www.reportabusepa.pitt.edu to complete the training. It will take approximately 3 hours to complete. **This clearance is currently offered FREE of charge.** Once you have completed the training, print the certificate to be returned with your application.



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CASD PRE-EMPLOYMENT DRUG TESTING CONSENT FORM

In order to promote a safe and healthy environment within our school community, the Corry Area School District requires a pre-employment drug screening for every candidate offered employment and all offers of employment are contingent upon the candidate's participation in a drug screening. It is important to note, that refusal to participate in the pre-employment screening will disqualify any candidate from employment with the Corry Area School District and any employment offer extended will be immediately withdrawn by the District.

The Office of the Superintendent will schedule the pre-employment drug screening to be conducted by Corry Memorial Hospital. Upon a comprehensive review of the results, the LECOM Corry Memorial Hospital will notify the District and the individual the results of the drug screening. Unless the Medical Review Officer presents the Corry Area School District with qualifying medical exceptions, any offer of employment may be revoked by the Corry Area School District if the results come back positive.

PLEASE READ CAREFULLY

As a condition of employment with the Corry Area School District, I freely and voluntarily agree to submit to a drug screening. I understand that refusal to submit to the drug screening will immediately disqualify me from employment. Further, a positive result on this drug screening may disqualify me as a candidate for employment. I further understand that if employment commences prior to the employer receiving the drug screening results, I may be immediately discharged if the results come back positive.

I have read in full and understand the above statement and **agree** to participate in a drug screening as a condition of employment.

Print Applicant Name

Signature of Applicant

Date

I have read in full and understand the above statement and **decline** to participate in a drug screening as a condition of employment.

Print Applicant Name

Signature of Applicant

Date