



## Sullivan County School District

777 South Street, PO Box 240

Laporte, PA 18626

Phone: 570-946-8200 Fax 570-946-8210

# Memo

To: New School Bus / Vehicle Drivers

Re: Required Employment and Documentation Information

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**A pre-employment drug test must be obtained and original results submitted to the district office.**

**To schedule a pre-employment drug test call the School District Office and ask for the Transportation Director.**

Application for Employment as School Bus Driver

Act 24 Arrest / Conviction Report

Act 34 Clearance - State Police Criminal Record Check ( online registration, <https://epatch.pa.gov> )

Act 114 Clearance - FBI Criminal History Record ( register online, <https://uenroll.identogo.com> )

Service Code 1KG6XN

Act 126 Certificate - Child Abuse Recognition and Reporting ( online, [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu) )

Act 151 Clearance - PA Child Abuse History ( online, [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) )

Act 168 Sexual Misconduct / Abuse Disclosure

Authorization for Release of Information

Copy of your Driver's License

Copy of your CDL (School Bus Drivers)

Copy of your Physical Examination Certificate and Card

Driver Agreement

Request from Contractor for School Bus Driver Approval

10 Year Driver Record

Pre-employment Drug Test

**(All required forms and websites are also available on the school district website under the employment tab.)**

**[www.sulcosd.k12.pa.us](http://www.sulcosd.k12.pa.us)**

**SULLIVAN COUNTY SCHOOL DISTRICT**

777 South Street

PO Box 240

Laporte, PA 18626

Telephone: (570) 946-8200

Fax: (570) 946-8210

www.sulcosd.k12.pa.us

**APPLICATION FOR EMPLOYMENT**

**Applicant's Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
Last First Middle

**Application for Position(s):**

\_\_\_\_\_ School Bus Driver  
\_\_\_\_\_ School Vehicle Driver

**Clearances:**

**Have Current**  
(Dated within 1 year\*)

**Have Applied**

Act 24 Arrest/Conviction Report\*

Act 34 PA State Police\*

Act 114 FBI Fingerprint\*

Act 151 Child Abuse\*

Act 126 Child Abuse Recognition and Reporting (Dated within 5 years)

Act 168 Sexual Misconduct/Abuse Disclosure

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

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

**Address:**

Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**REFERENCES**

These should be previous employers or persons qualified to respond concerning your fitness for the position you seek. Indicate any who are related to you.

	Name	Address	Telephone	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**EDUCATION**

	Name & Address	Date Graduated
High School	_____	_____
College or	_____	_____
University	_____	_____
Technical	_____	_____
School	_____	_____

**EMPLOYMENT HISTORY**

Employer	Dates Employed		Work Performed
	From	To	
_____			
Address _____			
Telephone Number(s)		Hourly Rate/Salary Starting      Final	
_____		_____	
Job Title	Supervisor		
_____			
Reason for Leaving _____			

Employer	Dates Employed		Work Performed
	From	To	
_____			
Address _____			
Telephone Number(s)		Hourly Rate/Salary Starting      Final	
_____		_____	
Job Title	Supervisor		
_____			
Reason for Leaving _____			

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact \_\_\_\_\_.

I hereby certify that all statements made in this application are true and complete. I understand that any false or misleading statement on this application constitutes sufficient grounds for dismissal if hired. In addition, in making this application for employment, I understand that the Sullivan County School District may investigate my employment record. I hereby authorize my current and/or former employer(s) to furnish the information requested by the Sullivan County School District.

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

"An Equal Opportunity Employer"

## GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and conviction resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18<sup>th</sup> birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? ☐ Yes ☐ No

Are you currently under charges for a criminal offense? ☐ 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

Have you ever been professionally disciplined in any state? ☐ Yes ☐ No

Professionally disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission.

Are you subject to any visa or immigration status, which would prevent lawful employment? ☐ 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 your social security number.

# 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>
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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.

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

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

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**

**<https://epatch.pa.gov>**

<b>REQUESTER NAME</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ZIP CODE</b>	
<b>TELEPHONE NO. (AREA CODE)</b>	

**FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER**

**AFTER COMPLETION MAIL TO:**

**PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY – 164  
1800 ELMERTON AVENUE  
HARRISBURG, PA 17110-9758**

**DO NOT SEND CASH OR PERSONAL CHECK**

**CHECK ONE BLOCK**

- ☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$22.00, PAYABLE TO:  
**"COMMONWEALTH OF PENNSYLVANIA"**  
**THE FEE IS NONREFUNDABLE**
- ☐ NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$27.00, PAYABLE TO:  
**"COMMONWEALTH OF PENNSYLVANIA"**  
**THE FEE IS NONREFUNDABLE**
- ☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

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

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

**FEES FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00.**  
**\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA\*\*\***

**REASON FOR REQUEST**

◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

- ☐ **INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST)**
- ☐ **ADOPTION (DOMESTIC)**      ☐ **EMPLOYMENT**      ☐ **VISA**      ☐ **OTHER**

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

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



# FBI Applicant Procedures

The FBI background check will be increasing effective August 1, 2022. The new fee will be \$25.25. All applicants will receive an unofficial copy of their report via email (**Please note the link is available only for ONE-TIME access only, and once accessed will no longer be valid. You should only access this link from a device that will allow you to download, print, or save your results at that time**). Fee is payable to IDEMIA.

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

1. **Registration** - The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at (<https://uenroll.identogo.com>). Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8am to 6pm EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering on-line, an applicant must use the appropriate agency specific Service Code (**1KG6XN**) to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose. Fingerprint requests processed through any other agency or purpose cannot be accepted and are not transferrable. If an applicant enters the wrong code by mistake, the incorrect applicant type will appear at the top of the screen. The applicant should select the "Back to Home" button and begin the process again, by reentering the correct Service Code. If the applicant proceeds with the process under the incorrect code, the pre-enrollment and/or results cannot be transferred to another state agency and the applicant will have to start the process over and pay for the background check again.

2. **Payment** - The applicant will pay a fee of \$25.25 for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier's checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. No cash transactions or personal checks are allowed.
3. **Fingerprint Locations** - After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location. PDE encourages entities where access to the fingerprint location is more than 25 miles away to contact IDEMIA and suggest areas where another closer site could be established.
4. **Fingerprinting** - At the fingerprint site the Enrollment Agents (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. Applicants will not be processed if they cannot produce an acceptable photo ID. After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.
5. **Report Access** - For the public or private school or higher education institution to access the official report via the electronic system, applicants must present their **UEID** to the hiring entity.

Act 126 of July 2012 requires that school entities, and their independent contractors who have direct contact with children, complete mandatory training on, among other issues, child abuse recognition and reporting. The training must be for a minimum of three hours every five years and must address, but not be limited to, the following topics:

- Recognition of the signs of abuse and sexual misconduct and reporting requirements for suspected abuse and sexual misconduct in this Commonwealth.
- Provisions of the Act of December 12, 1973 (P.L.397, No.141), known as the "Educator Discipline Act," including mandatory reporting requirements. This Act was revised in February 2014 and enhances many aspects of the Act.
- The school entity's policies related to reporting of suspected abuse and sexual misconduct.
- Maintenance of professional and appropriate relationships with students.

To register for the free online mandated reporting training go to <http://www.reportabusepa.pitt.edu>

Once the online training has been completed, a certificate will be made available to you for printing. Please forward a copy of the certificate to the Sullivan County School District.

\*For best results, Firefox or Chrome internet browsers are suggested.

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

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

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

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

## PURPOSE OF CERTIFICATION (Check one box only)

- |   |   |
|---|---|
| <input type="checkbox"/> Foster parent<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><div style="text-align: right; margin-top: 10px;">         _____<br/>         OIM/CAO PHONE NUMBER       </div> |
|---|---|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

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

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

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

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

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

## CONTACT INFORMATION

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

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

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

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

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

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

APPLICANT'S SIGNATURE

DATE

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

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

### General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

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

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

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

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

- (1) Any school of a school district.
  - (2) An area vocational-technical school.
  - (3) A joint school.
  - (4) An intermediate unit.
  - (5) A charter school or regional charter school.
  - (6) A cyber charter school.
  - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
  - (8) A private school accredited by an accrediting association approved by the state Board of Education.
  - (9) A non-public school.
  - (10) An institution of higher education.
  - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
  - (12) The Hiram G. Andrews Center.
  - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
  - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
    - A youth camp or program;
    - A recreational camp or program;
    - A sports or athletic program;
    - A community or social outreach program;
    - An enrichment or educational program; and
    - A troop, club, or similar organization
  - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
  - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
  - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

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

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

#### **Address:**

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

#### **Contact Information:**

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

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

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

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

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

#### **Household Members:**

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

#### **Signature:**

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

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

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

#### **Additional Information:**

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

**COMMONWEALTH OF PENNSYLVANIA**  
**SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE**  
**(Pursuant to Act 168 of 2014)**

**Instructions**

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and complete a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. **A school entity or independent contractor may not hire an applicant who does not provide the required information for a position involving direct contact with children.**

**Relevant Definitions:**

**Direct Contact with Children** is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

**Sexual Misconduct** is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

**Abuse** is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

**Please Note**

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. The **Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request** can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 calendar days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No. 3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine willful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have willfully violated the provisions of Act 168.

**COMMONWEALTH OF PENNSYLVANIA  
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE  
(under Act 168 of 2014)**

**(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)**

To:	Name of Current or Former Employer:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	Fax Number:      Email:
	Contact Person:	Title:

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 calendar days** as required by Act 168 of 2014.

**SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)**

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s) held with the entity:	

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto. Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.



Have you (Applicant) ever:

Yes	No	Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?
Yes	No	Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?
Yes	No	Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are correct, complete, and true to the best of my knowledge. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records. I understand that third party vendors may be used to process this Act 168 pre-employment history review.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)**

Dates of employment of Applicant: \_\_\_\_\_ Contact telephone #: \_\_\_\_\_

To the best of your knowledge, has Applicant ever:

Yes	No	Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?
Yes	No	Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?
Yes	No	Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

No records or other evidence currently exists regarding the above questions. I have no knowledge of information pertaining to the applicant that would disqualify the applicant from employment.

\_\_\_\_\_  
Former Employer Representative Signature and Title

\_\_\_\_\_  
Date

**Return all completed information to:**

School Entity/Independent Contractor: <b>SULLIVAN COUNTY SCHOOL DISTRICT</b>			
Address: <b>777 South Street, PO Box 240</b>		Phone: <b>570-946-8200</b>	
City: <b>Laporte,</b>	State: <b>PA</b>	Zip: <b>18626</b>	Fax: <b>570-946-8210</b>
		Email: <b>hattlind@sulcosd.k12.pa.us</b>	
Contact Person: <b>Linda Hatton</b>		Title: <b>Administrative Assistant</b>	

Date Form Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Sullivan County School District  
777 South Street  
PO Box 240  
Laporte, PA 18626  
Phone (570) 946-8200 - Fax (570) 946-8210

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Application Information		
Applicant Name	Date of Birth	Social Security Number

\*Your response to the Date of Birth is voluntary. It will only be used to assist us in our completion of a background investigation. Your response will not be used in any way to determine your eligibility for employment.

I, \_\_\_\_\_, authorize all corporations, companies, educational institutions, persons, law enforcement agencies, military services, credit agencies, and former employers to release information they may have about me to the **Sullivan County School District** and their agents, and release them from any liability or responsibility for doing so. Further, I authorize the procurement of my Motor Vehicle Record from an appropriate agency and an investigative consumer report. I understand that such a report may contain information about my background, character, and personal reputation and that further information may be available upon written request within a reasonable period of time.

In accordance with 49 CFR §382.405 (f) and §382.413 (b), you are authorized to furnish any and all information in your possession concerning my participation in a drug and alcohol testing program under 40 CFR Part 382. I specifically authorize you to release information on any alcohol tests with concentration results of 0.04 or greater, positive controlled substance test results and/or refusals to be tested with two years preceding the date of this request. I further authorize and request you to release any information in your possession concerning my evaluation by a substance abuse professional, the identity of that substance abuse professional, my participation in any treatment or rehabilitation recommended by the substance abuse professional and the results of any return-to-duty drug or alcohol test within the two years preceding this request.

A photocopy of this release shall be as valid as the original. This authorization shall be valid for one year from the date of the signing hereof.

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

\_\_\_\_\_  
Date

This form must be maintained in a separate Background Investigation File

Retention Period: 5 years after termination

# COMMONWEALTH OF PENNSYLVANIA

## SCHOOL BUS DRIVER'S

### PHYSICAL EXAMINATION



PA Department of Transportation • Bureau of Driver Licensing  
P.O. Box 68684 • Harrisburg, PA 17106-8684  
(717) 787-6453 (8:00 am - 4:15 pm)

DRIVER'S LICENSE NUMBER		DATE OF BIRTH		PHONE NUMBER	
		MONTH	DAY	YEAR	
LAST NAME		JR., ETC.		FIRST NAME	M.I.
STREET ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.)					
CITY		STATE	ZIP CODE	DRIVER E-MAIL	
EMPLOYER				EMPLOYER PHONE #	

#### A PERSON IS PHYSICALLY QUALIFIED TO OPERATE A SCHOOL BUS IF:

- A. There is no loss or impairment of the use of a foot, a leg, a hand, or an arm. (waivers available see reverse side)
- B. There is no medical history or clinical diagnosis of:
  1. Diabetes mellitus currently requiring use of insulin or any other hypoglycemic medication. (waivers available see reverse side)
  2. Myocardial infarction, angina pectoris, coronary insufficiency, or pacemaker insertion. (waivers available see reverse side)
  3. Other cardiovascular disease resulting in syncope, dyspnea, loss or impairment of consciousness, collapse, or congestive cardiac failure.
  4. Hypertension resulting in syncope, dyspnea, loss or impairment of consciousness, collapse, or congestive cardiac failure.
  5. Respiratory dysfunction likely to impair the ability to drive a school bus safely.
  6. Rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to impair the ability to drive a school bus safely.
  7. Seizure disorders or any other condition likely to cause loss or impairment of consciousness or any loss of ability to drive a school bus safely. (waivers available see reverse side)
- C. Has no mental, emotional or psychiatric disorder whether functional or organic which may be manifested in a condition likely to impair the ability to drive a school bus safely; such as inattentiveness, despondency, aggressiveness, or lack of concern for the safety of self or others.
- D. Has no hearing loss greater than 40 decibels in the better ear without a hearing aid, at frequencies of 500, 1000 and 2000. A person who is required to wear a hearing aid shall be tested by a clinically certified audiologist.
- E. Does not abuse alcohol or any other drug or substance known to impair skill or functions which may be manifested in any condition such as inattentiveness, despondency, aggressiveness, or lack of concern for the safety of self or others.
- F. Has distant visual acuity of at least 20/40 in the better eye without corrective lenses or visual acuity corrected to 20/40 or better. Has at least 20/50 in the poorer eye without corrective lenses or visual acuity corrected to 20/50 or better. Has a combined field of vision of at least 160° in the horizontal meridian, excepting the normal blind spots. Has the ability to determine the colors used in traffic signals and devices showing standard red, green or amber.
- G. Has no type of tuberculosis in a transmittable stage and has taken the pre-employment tuberculin test as required by Section 1418(b) of the Public School Code. Drivers who have a documented nonsignificant tuberculin skin test are not required to have further tests unless they are exposed to a case of active tuberculosis or are directed otherwise by the Secretary of the Department of Health.

THIS IS TO CERTIFY THAT SAME IS:



QUALIFIED



DISQUALIFIED

COMMENTS: \_\_\_\_\_

#### PROVIDER INFORMATION (Please print or type)

PROVIDER'S NAME		SPECIALTY		STATE LICENSE #	
STREET ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE ( )		FAX ( )			
<p>I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to \$2,500 and/or imprisonment up to 1 year.</p>					
Provider's Signature _____				Date _____	

## **TO THE PROVIDER:**

Please indicate reasons for the disqualification of the person being examined. If the person is physically qualified complete Form DL-742, "Physical Examination Certificate."

Waivers may be granted by the Department to individuals with a loss or impairment of a limb, diabetes mellitus, certain cardiovascular conditions, and seizure disorders providing they meet the minimum waiver criteria. To obtain a waiver form, please contact the Special Driver Programs Unit at (717) 787-6453.

Chapter 71 states that a person is physically qualified to drive a school bus if the person:

- Has no loss or impairment of a foot, a leg, a hand, or an arm; or has been granted a waiver by the Department after competency has been demonstrated through a driving examination in a school bus administered in accordance with department regulations.
  - \* To obtain a driver's test authorization letter to demonstrate competency, please contact the Special Driver Programs Unit at (717) 787-6453.
- Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring use of insulin or other hypoglycemic medication. A waiver may be granted to an individual requiring the use of diabetic medication providing that the individual meets the minimum waiver criteria and submits the results of a diabetic examination on a waiver form provided by the Department every 6 months.
- Has no established medical history or clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency or pacemaker insertion. Waivers may be granted to those individuals with a history of coronary artery disease, previous myocardial infarction, congenital heart defects, cardiomyopathy, pericarditis, myocarditis, chronic atrial flutter/fibrillation or valvular heart disease, and individuals who have undergone corrective surgery for congenital heart defects, coronary angioplasty, valve repair/replacement, coronary artery bypass graft surgery, or ablative surgery for paroxysmal supraventricular arrhythmias, providing that the individual annually meets the waiver criteria.
- Has no established medical history or clinical diagnosis of seizure disorders or another condition likely to cause loss or impairment of consciousness or loss of ability to drive a school bus safely. A waiver may be granted providing that:
  - There has been no more than a single, nonrecurring episode of altered consciousness or loss of bodily control, occurring at least 2 years preceding waiver application, which did not require treatment.
  - If a seizure disorder has been diagnosed, but the person has been episode-free for at least 5 years preceding waiver application and has not required treatment for at least 5 years.



**pennsylvania**  
DEPARTMENT OF TRANSPORTATION  
[www.dmv.state.pa.us](http://www.dmv.state.pa.us)

January 6, 2015

Dear Medical Providers:

Since early in 2014, the Federal Motor Carrier Safety Administration has required any health care provider who administers Department of Transportation Physicals (DOT Physical) to be registered on the National Registry of Certified Medical Examiners (NRCME). This new requirement has caused confusion regarding the physicals required for school bus drivers in Pennsylvania.

Depending on the type of driving he/she does, a school bus driver may be required to have a DOT Physical. The health care provider who administers the DOT Physical must be listed on the NRCME.

In contrast, all School Bus drivers in the Commonwealth of Pennsylvania must satisfactorily pass the Pennsylvania School Bus Driver Physical Examination (PSBDPE). The PSBDPE is an annual requirement. The PSBDPE must be completed by a physician, physician assistant, certified registered nurse practitioner, or a chiropractor. To pass the PSBDPE, school bus drivers must show they meet the following physical standards:

<http://www.pacode.com/secure/data/067/chapter71/s71.3.html>

The results of the annual PSBDPE must be submitted to PennDOT on Form (DL-704) for each School Bus driver. Unlike the DOT Physical, the health care provider who completes the Form DL-704 does not have to be listed on the NRCME.

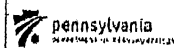
If you have any questions or require any further information, please contact the PennDOT School Bus Unit at 717-787-6453 or email [ra-pdSchoolBusHelp@pa.gov](mailto:ra-pdSchoolBusHelp@pa.gov).

Sincerely,

A handwritten signature in black ink, reading "Kara N. Templeton".

Kara N. Templeton, Director  
Bureau of Driver Licensing

DL 24 (9-03)



# PHYSICAL EXAMINATION CERTIFICATE

This is to certify that I have this day examined.

In accordance with Section 1509, Vehicle Code,  
I find the Applicant **QUALIFIED**.

A complete examination form for this person is kept on file  
in the Bureau of Driver Licensing.

DATE, \_\_\_\_\_ PLACE, \_\_\_\_\_

X \_\_\_\_\_  
DRIVER'S SIGNATURE

X \_\_\_\_\_  
MEDICAL EXAMINER'S SIGNATURE

STATE LICENSE # \_\_\_\_\_

**Sullivan County School District**  
**777 South Street**  
**PO Box 240**  
**Laporte, PA 18626**  
**Phone (570) 946-8200 - Fax (570) 946-8210**

**DRIVER AGREEMENT**

As a driver of Sullivan County School District students, while employed by a transportation contractor under contract with the Sullivan County School District, I do hereby agree to immediately inform the Sullivan County School District Superintendent of any criminal conviction or instance occurring subsequent to my initial approval as a driver by the District that would appear on either a Criminal Background Check or Child Abuse Clearance check that would be of a nature so as to prevent hiring.

---

Driver

---

Date

**Sullivan County School District**  
**777 South Street**  
**PO Box 240**  
**Laporte, PA 18626**  
**Phone (570) 946-8200 - Fax (570) 946-8210**

**REQUEST BY CONTRACTOR FOR SCHOOL BUS DRIVER APPROVAL**

I hereby request the Sullivan County School District to approve me as a school bus driver.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

I hereby recommend the above applicant for approval as a school bus driver and will utilize him/her as a driver.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date





**pennsylvania**  
DEPARTMENT OF TRANSPORTATION

# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: **\$8.00 FEE** (Driver history is not included)  
☐ 3 YEAR DRIVER RECORD: **\$8.00 FEE**  
☐ 10 YEAR DRIVER RECORD: **\$8.00 FEE** (Employment Purposes Only)

- ☐ FULL HISTORY: **\$8.00 FEE**  
☐ CERTIFIED DRIVER RECORD: **\$30.00 FEE**  
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$8.00 FEE**  
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$30.00 FEE**

You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<b>A REQUESTER INFORMATION</b> NAME/COMPANY _____ ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____ SIGNATURE <u>X</u> _____ NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	<b>B END USER OF INFORMATION BEING REQUESTED</b> NAME/COMPANY _____ ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
<b>C DRIVER INFORMATION</b> NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____ DATE OF BIRTH _____ DRIVER NUMBER _____ MONTH _____ DAY _____ YEAR _____	<b>D AFFIDAVIT OF INTENDED USE</b> Intended Use of the Information Requested: <b>CHECK ONLY ONE</b> <input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.) <input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.) I hereby Certify that _____ <div style="text-align: right;">PRINTED NAME OF REQUESTER</div> will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. <u>X</u> _____ <div style="text-align: right;">SIGNATURE OF REQUESTER</div> Title _____
<b>E DRIVER RELEASE</b> I _____ hereby request <div style="text-align: center;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <div style="text-align: center;">NAME OF PERSON/COMPANY</div> <u>X</u> _____ <div style="display: flex; justify-content: space-between;"><div>SIGNATURE OF DRIVER</div><div>DATE</div></div>	<b>F MICROFILM</b> TYPE OF DOCUMENT _____ DATE OF VIOLATION _____ (see list of available documents below) Documents Available: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> </ul> </div> <div style="width: 50%;"> <ul style="list-style-type: none"> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul> </div> </div>
<b>NOTARIZATION</b> SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____ <u>X</u> _____ <div style="text-align: right;">SIGNATURE OF PERSON ADMINISTERING OATH</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           S E A L  <div style="text-align: center; margin-top: 20px;">3.00 IN PRESENCE OF NOTARY</div> </div>	

MESSENGER NO. \_\_\_\_\_

**INSTRUCTIONS**

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$8.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."  
**DO NOT SEND CASH.** Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
P.O. BOX 68695  
HARRISBURG, PA 17106-8695

**For overnight and other special mail:**

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
1101 SOUTH FRONT STREET 3RD FLOOR  
HARRISBURG PA 17104-2516

**DESCRIPTION OF INFORMATION AVAILABLE**

**BASIC INFORMATION**..... Includes name, address, driver number, date of birth and class of license.

(\$8.00 fee)

**3 YEAR RECORD\*** ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

(\$8.00 fee)

**10 YEAR RECORD\*** ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

(\$8.00 fee)

**FULL HISTORY** ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.

(\$8.00 fee)

**CERTIFIED RECORD**..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania certified by the Department.

(\$30.00 fee)

**MICROFILM**

**DOCUMENT**..... Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$8.00 fee)

**CERTIFIED COPY**

**OF DOCUMENT** ..... Copies of documents from the microfilm file that have been certified by the Department.

(\$30.00 fee)

**IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION**

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

\* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us) and click on "Online Business Services" for more information.