


**FOR H.R. OFFICE USE ONLY**

I-9 \_\_\_\_\_ W-4 \_\_\_\_\_  
 Copy of I.D. \_\_\_\_\_  
 Department \_\_\_\_\_  
 Employee # \_\_\_\_\_  
 Start Date \_\_\_\_\_

**CITY OF ERIE**  
 626 State Street – Room 300 – Erie PA 16501-1128



Would you like us to share your application with companies who do contract or subcontract work with the City?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Signature  \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

The City of Erie reviews all applications, without regard to race, color, religion, sex, national origin, age, marital, disability or veteran status, or any other legally protected status.

**EMPLOYMENT APPLICATION SHOULD ONLY BE SUBMITTED ONCE IN A 12 MONTH TIME FRAME**

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSONAL:** (other names records may be under: \_\_\_\_\_)

**Names:**

LAST	FIRST	MI	SOCIAL SECURITY#
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**Address:**

STREET	CITY	STATE	ZIP
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**Telephone:**

HOME	WORK	ALTERNATE	PA Drivers Lic. #
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Have you ever been employed with the City of Erie before?  Yes  No If Yes, give dates \_\_\_\_\_

U.S. Citizen? \_\_\_\_ If not, are you a permanent resident of the United States or otherwise authorized to work by the United States or Immigration and Naturalization Service? \_\_\_\_ \*All new hires are required to present documentation showing they are authorized to work prior to, shortly after, commencing work

**ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_ : RATE OF PAY?**

Full Time: _____	Part-Time: _____	Hrs Available: _____	Rate of Pay Desired: _____
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**EDUCATION AND TRAINING:**

Name of School/Address	Course/Major	Diploma/Degree

**U.S. MILITARY SERVICE:**

Branch: _____	Date of Entry & Separation: _____	Skill Acquired: _____
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**PROFESSIONAL AND TECHNICAL APPLICANTS ONLY:**

License #	Type of License	Place of Issue	Expiration Date

Please use the space below for any information necessary to describe your full qualifications: (include typing speed/software use/computer experience, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

**EMPLOYMENT HISTORY:** List below your work experiences beginning with most recent job. Attach additional paper or resume if necessary.

**NAME/ADDRESS OF EMPLOYER**

From: Mo/Yr: _____	Name: _____	JOB TITLE/DUTIES:
To: Mo/Yr: _____	Address: _____	
SALARY: Starting _____ Final _____	City _____ State ____ Zip _____	REASON FOR LEAVING:
	Contact Person: _____ Phone # _____	

**NAME/ADDRESS OF EMPLOYER**

From: Mo/Yr: _____	Name: _____	JOB TITLE/DUTIES:
To: Mo/Yr: _____	Address: _____	
SALARY: Starting _____ Final _____	City _____ State ____ Zip _____	REASON FOR LEAVING:
	Contact Person: _____ Phone # _____	

**NAME/ADDRESS OF EMPLOYER**

From: Mo/Yr: _____	Name: _____	JOB TITLE/DUTIES:
To: Mo/Yr: _____	Address: _____	
SALARY: Starting _____ Final _____	City _____ State ____ Zip _____	REASON FOR LEAVING:
	Contact Person: _____ Phone # _____	

**PLEASE READ CAREFULLY:**

I hereby certify that the foregoing answers and information are true and correct. I authorize investigation of all statements contained in this application and any resume provided to the City of Erie. I authorize my references, schools that I have attended, and former employers to release to the City of Erie any and all information they may have which is relevant to my employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment agreement with the City. No promises regarding employment have been made to me.

I also authorize the City to obtain an investigative consumer report, if necessary, that may contain certain information regarding my character, general reputation, personal characteristics and mode of living. This authorization, in original and copy form, shall be valid for this and any future reports or update that may be requested. I further understand that, upon written request within a reasonable amount of time, I am entitled to disclosure of the nature and scope of the investigation requested.

I understand that an offer of employment is contingent upon satisfactory completion of reference checks.

I also understand that if an offer of employment is made to me, before commencing work I will be required to take and pass a medical examination which may include a drug and alcohol test.

I understand that if I am employed, any misrepresentation or omission of facts called for in this application or contained in my resume is reason for immediate dismissal. Further, I understand and agree that if I am employed, my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice, stated reason or cause, and I accept these conditions. I also agree that if I am employed I will abide by all of the City's rules and regulations, including but not limited to the requirement to wear or use protective clothing or devices and comply with the City's safety policies and procedures.

Applicants Signature:  \_\_\_\_\_

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



## ERIE SCHOOL DISTRICT

### 3RD PARTY AGENCY PACKET

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

- \_\_\_\_\_ Non-Employee Confidentiality Agreement
- \_\_\_\_\_ Emergency Contact Information
- \_\_\_\_\_ Act 33 (Child Abuse Clearance)
- \_\_\_\_\_ Act 34 (Criminal Check Clearance)
- \_\_\_\_\_ Act 24/82 Clearance
- \_\_\_\_\_ FBI Fingerprint Clearance or "Volunteer Affidavit" *(Use if resident of PA for prev. 10 years)*
- \_\_\_\_\_ Child Abuse Training *(Mandated Reporter Training)*
- \_\_\_\_\_ Photo I.D./Valid Driver's License

**THE SCHOOL DISTRICT OF THE CITY OF ERIE**  
**148 WEST 21<sup>ST</sup> STREET**  
**ERIE, PENNSYLVANIA 16502**  
**(814) 874-6000 www.eriesd.org**

11/16/12

## **NON EMPLOYEE CONFIDENTIALITY AGREEMENT**

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

Print: \_\_\_\_\_

As a non employee of the School District of the City of Erie, you may have access to confidential or sensitive employee or student information. That information may include personnel record data, student record data, medical information or health care records, financial details, salary and benefits information, performance evaluation data, disciplinary action information, work status information and other confidential information or materials.

The School District of the City of Erie has both a legal and ethical obligation to protect the confidentiality and privacy of information relating to its employees and students. It is the policy of the School District of the City of Erie to maintain strict confidentiality of human resources and student information. The sensitivity and personal nature of this information must be protected. Confidential information about an employee and students should be accessed only as authorized by supervising staff; records should be stored in a secure environment when not in use and not disclosed to unauthorized personnel. Unauthorized accessing of records (computerized or paper), divulging confidential information to an unauthorized third party, using confidential information for personal use and or removing of confidential information from the premises is strictly prohibited.

Failure to maintain confidentiality of employee and/or student and district information as described above and in the policies referenced below will result in termination of my assignment and applicable legal recourse.

By signing this document I acknowledge that the confidentiality obligations of this agreement.

Non Employee Role: \_\_\_\_\_

Assignment Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ERIE SCHOOL DISTRICT**  
**Emergency Contact Information**

This form is to be used by 3<sup>rd</sup> Party Agency staff during their assignments in the Erie School District.

School: \_\_\_\_\_

3<sup>rd</sup> Party Staff member

Last Name:	First Name:
Phone:	Email:

Contact in Case of Emergency:

Name:	Relationship:
Phone 1:	Phone 2:

On the reverse side of this form, please list any health concerns and current medications that the school or education entity should know. Please check the box if you are listing concerns/medications.

Pennsylvania School Law requires that all applicants for employment in public and private schools, employees of independent contractors seeking business with public and private schools, and student teacher candidates undergo background checks if they will have direct contact with students.

The following three background checks are required:

- Pennsylvania State Police Request for Criminal Records Check
- Department of Human Services Child Abuse History Clearance
- Federal Criminal History Record Information—FBI Fingerprint (CHRI)

## 1. Act 34: Pennsylvania Criminal History

To be provided by the applicant and reviewed by the school (or higher education administrator) prior to the applicant working in a position in which he will have direct contact with children.

Clearance cost is \$22.

<https://epatch.state.pa.us/Home.jsp>

## 2. Pennsylvania Child Abuse History Clearance

To be provided by the applicant and reviewed by the school (or higher education administrator) prior to the applicant working in a position in which he will have direct contact with children.

Clearance cost is \$13.

<https://www.compass.state.pa.us/cwis/public/home>

## 3. Federal Criminal History Record Information (CHRI)

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

- Registration - The applicant must register prior to going to the fingerprint site at <https://uenroll.identogo.com>.  
**Use Service Code: 1KG6XN**
- Select "Schedule or Manage Appointment". Complete the application.
- Proceed to fingerprint location with acceptable identification. (See Identogo website for the list of acceptable documents).
- **Provide UEID number to Erie's Public Schools.**

Clearance cost is \$23.85

## 4. Mandated Reporter Training: [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu) Cost: \$0

Additional information can be found at <https://www.education.pa.gov/Educators/Clearances>

**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 \_\_\_\_\_

## 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:
  - 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)
  - 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)
- (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.



DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS  
Required by the Child Protective Service Law  
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- The position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

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 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 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute ground for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

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

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

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

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