WILKES-BARRE AREA SCHOOL DISTRICT

Office of Human Resources

DISCLOSURE STATEMENT FOR APPLICATION FOR PROVISIONAL EMPLOYMENT IN PUBLIC SCHOOLS APPLICATION FOR 90-DAY WAIVER UNDER PENNSYLVANIA ACT 114 OF 2006 (FEDERAL CRIMINAL HISTORY RECORD) AND ACT 168 OF 2014

In order to be employed on a provisional basis for a period not to exceed ninety (90) days, and as required by ACT 114 of 2006 (Section 111 of the Public School Code of the Commonwealth of Pennsylvania of 1949, as amended), I swear/affirm that I have done the following:

Federal Criminal History Check

	Registered for a Federal Criminal History Record Check either on-line (https://uenroll.identogo.com) or by telephone					
	(1-844-321-2101);					
	Selected a site:	d a site: (usually an Intermediate Unit) to have my fingerprints electronically scanned and sent to				
	the Federal Bureau of Investigation (FBI) for a scan on the national fingerprint database;					
	Chosen a date and time for my	visit to the site:	(Date)			
			(Time)			
	Obtain a money order or cashier's check for Twenty-Two Dollars and Sixty Cents (\$22.60) payable to "Identgo," or prepaid with a					
	debit or credit care while registering.					

State Criminal History Check

As required by ACT 151, I swear/affirm that I have mailed the requests for necessary clearances to the Pennsylvania State Police. Or I will apply on-line (https://epatch.state.pa.us/Home.jsp) and will provide clearance as soon as obtained.

Child Abuse History Check

As required under ACT 34, I swear/affirm that I have mailed the requests for necessary clearances to the Childline & Abuse Registry, and that I have not been named as a perpetrator of a founded report of child abuse or have been named as the individual responsible for injury or abuse in a founded report. Or I will apply on-line (http://www.compass.state.pa.us/cwis) and will provide clearance as soon as obtained.

Criminal History

In addition, as an applicant for employment in the Wilkes-Barre Area School District in the Commonwealth of Pennsylvania, I hereby swear/affirm and affix my signature to attest that I have never been convicted of any felony of a sexual or violent nature, especially involving minors, in the fifty (50) states and commonwealths of the United States of America, territories of the United States of America, military bases and facilities of the United States of America, and any and all other possessions of the United States of America, including – but not limited to the following:

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

•	Chapter 25 - Criminal Homicide	Section 2702 – Aggravated Assault
•	Section 2709 – Harassment and Stalking	Section 2901 – Kidnapping
•	Section 2902 – Unlawful Restraint	Section 2910 – Luring a Child
•	Section 3121 – Rape	Section 3122.1 – Statutory Sexual Assault
•	Section 3123 – Involuntary Deviate Sexual Intercourse	Section 3124.1 – Sexual Assault
•	Section 3124.2 – Institutional Sexual Assault	Section 3125 – Aggravated Indecent Assault
•	Section 3126 – Indecent Assault	Section 3127 – Indecent Exposure
•	Section 3129 – Sexual Intercourse with an Animal	Section 4302 – Incest
•	Section 4303 - Concealing the Death of a Child	Section 4304 – Endangering Welfare
•	Section 4305 – Dealing with Infant Children	Section 5902(b) - Prostitution and related offenses
•	Section 5903(c) or (d) – Engaging in Obscene & Sexual Materials And Performances	Section 6301(a)(1) – Corruption of Minors
•	Section 6312 – Sexual Abuse of Children	Section 6318 – Unlawful Contact with Minor
•	Section 6319 – Solicitation of Minors to Traffic Drugs	Section 6320 – 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 Ten (10) 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 Five (5) 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) (re a misdemeanor of the first degree under 75 Pa.C.S.§ 3 an offense and less than (3) three years has elapsed fr	3803 (relating to grading), i	f the person has been previously convicted of such			
Do	you	u have any pending criminal charges	?	_ If yes please explain below.			
<u>Act</u>	168	(check one)					
	_	Volunteer – Act 168 not applicable.					
	I have completed and submitted to the WBASD the Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release form for all required employers.						
max pres natu imm emp	imur ente ire, e iedia iloyn	o sworn/affirmed and signed, I understand that I m of ninety (90) working days or until the clearanced to the district. If said clearances indicate that I especially those involving minors (as listed above) ately for falsifying my application. I further undersment based on the information received from said ned by the Board to be acceptable.	ces from Act 114, 151, 5 had, in fact, a history o , I understand that my o tand that the WBASD re	34, 168, or pending criminal charges are f convictions for offenses of a violent or sexual conditional employment will be terminated eserves the right to rescind my conditional			
<u>114,</u>	unle	ion, I promise not to work alone with students/c ess within the vicinity of a permanent employee, ate termination of employment.					
 Nam	ne (P	rinted: First Name, Middle Initial, Last Name)	Signature	 Date			