



# Erie Metropolitan Transit Authority

127 East 14<sup>th</sup> Street – Erie, Pennsylvania 16503  
P: 814-452-2801 F: 814-456-9032

## APPLICATION FOR EMPLOYMENT

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

**Instructions:** Complete all necessary information. You may be asked to provide additional information or another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

Please Print

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(required)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position Applied for \_\_\_\_\_ Shift Preferred \_\_\_\_\_

Special training or skills: (languages, machine operation, etc.) that would be of benefit in the job for which you are applying:

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

Would you accept full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Do you have a legal right to be employed in the U.S.?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, proof is required)

Are you of legal age to work?  
Yes \_\_\_\_\_ No \_\_\_\_\_

1. Have you previously worked for the Erie Metropolitan Transit Authority?  
If yes, please explain \_\_\_\_\_

2. Do you possess a Pennsylvania Operators license? Yes \_\_\_\_\_ No \_\_\_\_\_  
Type \_\_\_\_\_ License # \_\_\_\_\_

3.

	Name & Address of School	Course	Years Attended*	Did you graduate?
High School				
College				
Other				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the bases of age with respect to individuals who are at least 40.

#### 4. Office Applicants: (ONLY)

Please indicate which of the following office equipment you can operate.

Typewriter \_\_\_\_\_ WPM  Calculator  Dictaphone  Shorthand/Speedwriting \_\_\_\_\_ WPM  Computer

Please list all software you are competent in. \_\_\_\_\_

### For Office Use Only

Applicant # \_\_\_\_\_

Employee # \_\_\_\_\_

Hire Date \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Attachments

- Resume
- Application Reference Check
- Applicant Interview
- Payroll Change Notice
- Employee DataCard

## Employment Experience – 10 Year(s) History

Starting with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	

## Employment Experience – 10 Year(s) History

Starting with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

5.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
6.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
7.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no company representative other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreements contrary to the foregoing.

Applicant's Signature \_\_\_\_\_



## Erie Metropolitan Transit Authority & Lift Division

127 East 14<sup>th</sup> Street – Erie, Pennsylvania 16503

P: 814-452-2801 F: 814-456-9032

### NOTICE TO APPLICANTS

All applicants for employment must pass a drug urine test prior to employment. As part of your pre-employment evaluation, you are required to submit a urine specimen at a designated collection site. A driver's license **must** be presented for proof of identity. Your specimen will be tested at a laboratory approved by the Department of Health & Human Services for the following substances.

Marijuana  
Cocaine  
Opiates  
Phencyclidine (PCP)  
Amphetamines

You must pass this drug test prior to employment. If you are selected for employment you may be subject to future urine testing on a random, unannounced basis, or when there cause to believe you have used prohibited substances, and following an accident or prior to return to duty if you fail to pass a drug test or undergo treatment for drug or alcohol abuse. If you are employed you will be required to report within five (5) days to the designated transit person any conviction for violation of a criminal drug statute.

**Certification: I have read and understand this notice and agree to all the provisions thereof.**

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

\_\_\_\_\_  
Date/Time

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

\_\_\_\_\_  
Date/Time



## Erie Metropolitan Transit Authority & Lift Division

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### MOTOR VEHICLE RECORD AUTHORIZATION FORM

As a condition of employment I, \_\_\_\_\_ hereby authorize the Erie Metropolitan Transit Authority to obtain my Motor Vehicle Record, (MVR) for the purpose of evaluating my suitability for employment. In the event that I am hired by the Erie Metropolitan Transit Authority, I further authorize the Erie Metropolitan Transit Authority to request an MVR at any time during the course of my employment. I understand that my employment and continued employment may be based upon the results of my MVR.

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

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

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

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

**Request For Information From Previous Employer**

From: Erie Metropolitan Transit Authority/Lift Division

File #: \_\_\_\_\_

To: \_\_\_\_\_

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

    Mr.     Mrs.     Ms. \_\_\_\_\_ Has completed an application to our company for a position as special needs driver and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Will you kindly reply to the inquiry below respecting this applicant. Your reply will be held in strictest confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we included a stamped self-addressed envelope.

1. Is employment record with your company correct as stated above? \_\_\_\_\_
2. What kinds of work did the applicant do? \_\_\_\_\_
3. Did applicant have custody of money or valuables? \_\_\_\_\_
4. Were applicants accounts properly kept? \_\_\_\_\_
5. Did applicant drive motor vehicle for you? \_\_\_\_\_
6. Was applicant a safe and efficient driver? \_\_\_\_\_
7. Give dates of vehicle accidents in which applicant was involved: \_\_\_\_\_
8. Does applicant have any physical or mental limitations that would prohibit him/her from performing the position sought? \_\_\_\_\_
9. Reason for leaving your employ? Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_ Resigned \_\_\_\_\_  
Remarks: \_\_\_\_\_
10. Did applicant receive verbal or written reprimand as a part of a formal disciplinary procedure within the last 5 years? \_\_\_\_\_
11. Did applicant receive a citation for driving under the influence during the past 5 years? \_\_\_\_\_
12. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_
13. Did the applicant receive a written or verbal reprimand for substance abuse (alcohol or drug) during the last 5 years? \_\_\_\_\_
14. Is applicant eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain if No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Works with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____

You are hereby Authorized to give: EMTA/Lift division all information regarding my services, character, and conduct while in your employment and you are released from and all liability which may result from furnishing such information to the above named company.

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

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



Lynn Schantz  
Executive Director

## Erie Metropolitan Transit Authority & Lift Division

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### “Release of Information Form –49 CFR Part 40 Drug and Alcohol Testing”

#### **Section 1. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS of ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer list in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

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

#### **SECTION I –A: NEW EMPLOYER INFORMATION**

New Employer Name: \_\_\_\_\_

New Employer Address: \_\_\_\_\_

New Employer Phone: \_\_\_\_\_ New Employer Fax: \_\_\_\_\_

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

#### **SECTION I – B: PREVIOUS EMPLOYER INFORMATION**

Previous Employer Name: \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_

Previous Employer Phone: \_\_\_\_\_ Previous Employer Fax: \_\_\_\_\_

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



# Erie Metropolitan Transit Authority & Lift Division

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## Driver Information

Are you authorized to work in the United States on an unrestricted basis for any employer? Yes  No

Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes  No

Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? Yes  No

### Employment Gaps:

Explain any periods that you were not working during the last 10 years other than due to personal illness, injury or disability. \_\_\_\_\_

\_\_\_\_\_

### Related Information:

If you hold any certifications, are a member of any job related organizations (professional, trade, etc.) or have received any ob-related awards or accomplishments, list and describe them.

\_\_\_\_\_

\_\_\_\_\_

### Job Skills and Qualifications:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

\_\_\_\_\_

\_\_\_\_\_

**Driver's license information:** Please list all States in last 3 years where a license was held.

	State	License Number	Type (Class)	Expiration Date
Driver's Licenses				



## Driver Information, continued

**Driving experience:** Please list all driving experience.

Class of Equipment	Type of Equipment (Flatbed, Van, Mini-Bus etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Bus				
Tractor and Semi-Trailer				
Other (Indicate Type)				

**Accident record for the past 3 years or more** (Attach sheet if more space is needed)

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities?	Injuries?

**Traffic Convictions and Forfeitures for the past 3 years** (Other than parking violations)

Location	Date	Charge	Type of Vehicle Operations

If the answer to any of the questions below is Yes, please attach a statement giving details.

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
*If you answer "yes", you must attach a statement giving details.*
- Have any license, permit or driving privilege ever been suspended or revoked? Yes  No
- For the past 2 years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work? Yes  No   
*If you answered "yes", you must identify the DOT-regulated employers and when the testing took place in the space below. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT regulations. Failure to provide this documentation to the Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any job offer/transfer.*

**Acknowledgement, Certification, Authorization**

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any offer/transfer.

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

\_\_\_\_\_  
Date

**The following questions are not required**

Gender \_\_\_\_ Ethnicity: \_\_\_\_\_

Did you serve in the military? Yes\_\_\_\_ No\_\_\_\_\_

DO you have a disability? Yes\_\_\_\_ No\_\_\_\_\_

**RELEASE OF INFORMATION FORM  
49 CFR PART 40 DRUG AND ALCOHOL TESTING  
SECTION II**

**SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER AND TRANSMITTED BY MAIL OR FAX TO THE NEW EMPLOYER:**

**SECTION II – A:** In the two years prior to the date this form was signed by employee's signature (in section I), for DOT regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher?  Yes  No
2. Did the employee have verified positive drug tests?  Yes  No
3. Did the employee refuse to be tested?  Yes  No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?  Yes  No
5. Did a previous employer report a drug and alcohol rule violation to you?  Yes  No
6. If you answered "yes" to any of the above items, did the employee complete the return to duty process?  
 N/A  Yes  No

*Note: if you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g.,: SAP report(s), follow-up testing record).*

**SECTION II – B**

Name of Person Providing Information in *Section II – A*: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## First Contact HR Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Erie Metropolitan Transit Authority (814- 452-2801)

Client Code: EMTA

Branch Code: EMTA

Service Code: Lvl 1C  Lvl 1E  Lvl 2D  Lvl 3E  Lvl 4E  MVR  OTHER \_\_\_\_\_   
 (please select)

Authorized Agent: \_\_\_\_\_ Time/Date Sent: \_\_\_\_\_

### NOTICE TO JOB APPLICANTS

Your prospective employer has contracted with **First Contact HR** to verify certain information contained in your application for employment (**including contract for services**) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by **First Contact HR**, 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

<b>Applicant's Legal Name</b>	Last	First	M.I.
<b>Current Home Address</b>	Street	City	State Zip
<b>Date of Birth:</b> (Month/Day/Year)		<b>Social Security #</b>	
<b>Driver's License #</b>	<b>State:</b>	<b>Daytime Phone #</b>	<b>Evening Phone #</b>
<b>EDUCATION HISTORY: List the school where a degree and/or certification was obtained, or you last attended</b>			
Name of College, University or Trade School		<b>Dates Attended</b>	
		From (Mo/Yr.)	To (Mo/Yr.)
City/State	Telephone	Degree Earned : _____ or Incomplete	
Major		Minor	
Name of College, University or Trade School		<b>Dates Attended</b>	
		From (Mo/Yr.)	To (Mo/Yr.)
City/State	Telephone	Degree Earned : _____ or Incomplete	
Major		Minor	
<b>LICENSE / CERTIFICATION VERIFICATION</b>			
License/Certification Type	Date & State Issue	Issuing Organization & License # (if applicable)	
License/Certification Type	Date & State Issue	Issuing Organization & License # (if applicable)	

# First Contact HR Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Erie Metropolitan Transit Authority (814- 452-2801)

Client Code: EMTA

Branch Code: EMTA

Service Code: Lvl 1C  Lvl 1E  Lvl 2D  Lvl 3E  Lvl 4E  MVR  OTHER \_\_\_\_\_   
*(please select)*

Authorized Agent: \_\_\_\_\_ Time/Date Sent: \_\_\_\_\_

Applicant's Legal Name	Last	First	M.I.	Maiden Name
Position applying for:				
<b>EMPLOYMENT HISTORY: List your most recent jobs held</b>				
MOST RECENT COMPANY NAME:		Telephone:		
May we contact your present employer? (circle one) YES NO				
Address	City	State	Zip	From (Mo/Yr.) To (Mo/Yr.)
Job Title	Salary	Reason for Leaving	Supervisor's Name and Phone Number	
2 <sup>nd</sup> COMPANY NAME:		Telephone:		
May we contact your present employer? (circle one) YES NO				
Address	City	State	Zip	From (Mo/Yr.) To (Mo/Yr.)
Job Title	Salary	Reason for Leaving	Supervisor's Name and Phone Number	
3 <sup>rd</sup> COMPANY NAME:		Telephone:		
May we contact your present employer? (circle one) YES NO				
Address	City	State	Zip	From (Mo/Yr.) To (Mo/Yr.)
Job Title	Salary	Reason for Leaving	Supervisor's Name and Phone Number	

**APPLICANT CONSENT:** I understand and agree that **First Contact HR** will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I agree that such information which First Contact HR has or obtains, and my employment history if I am hired, may be supplied by First Contact HR to other companies that subscribe to First Contact HR. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

[www.firstcontacthr.com](http://www.firstcontacthr.com)

[www.workercheck.com](http://www.workercheck.com)

# 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><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">OIM/CAO PHONE NUMBER</div> </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.

## **IMPORTANT DISCLAIMER TO ALL APPLICANTS**

In order to be considered for employment you must complete the application in its entirety. Including the MOTOR VEHICLE RECORD AUTHORIZATION FORM – it must be completed and signed and YOU MUST ATTACH A COPY OF YOUR VALID DRIVERS LICENSE.

Qualifications include: PA Class C Driver's License (CDL not required), high school diploma or GED, MVR, driving experience and passing DOT physical with drug/alcohol screen, criminal record check, ACT 33 and 34 clearances.

Candidates interested in applying to the EMTA or the Lift

**YOU MUST APPLY USING THE FOLLOWING LINK BELOW (copy and paste it in your web browser)**

**<https://www.ride-the-e.com/wp-content/uploads/2018/12/2018-APPLICATION-FOR-EMPLOYMENT.pdf>**

IT MUST INCLUDE A COPY OF YOUR DRIVERS LICENSE AND A CURRENT 10 year MVR

**Please submit your completed application in person at 208 East Bayfront Parkway Erie, PA 16507 go to the E Office/Ticket Sales OR FAX IT TO 814-456-9032 ATTENTION HR.**

Please indicate what position you are applying for.

We are an EEO employer.

**\*If the Motor Vehicle Record Authorization form is not completed (signed and dated) and you do not include a copy of your driver's license you will not be considered for employment.**