

**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: <b>ABC Company</b>		<input type="checkbox"/> No applicable employment
Street Address: <b>123 Main St.</b>		
City, State, Zip: <b>Hellertown, PA 18055</b>		
Telephone Number: <b>610-555-5555</b>	Fax Number: <b>610-5555</b>	Email: <b>abc@xxxx.com</b>
Contact Person: <b>John Doe</b>	Title: <b>Manager</b>	

COMPLETE WITH EMPLOYMENT INFORMATION

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): <b>Jane Doe</b>	
Any former names by which the Applicant has been identified:	
DOB: <b>1/1/1900</b>	
Last 4 digits of Applicant's Social Security Number: <b>1234</b>	PPID (if applicable):
Approximate dates of employment with the entity listed above: <b>1/1/1930-12/31/1940</b>	
Position(s) held with the entity: <b>Nurse</b>	

COMPLETE WITH EMPLOYMENT INFORMATION

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.

**SIGN**

Signature of Applicant

**DATE**

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>Saucon Valley School District</b>			
Address: <b>2100 Polk Valley Rd.</b>		Phone: <b>610-838-7001</b>	
City: <b>Hellertown, PA</b>	State: <b>18055</b>	Zip: <b>610-838-5594</b>	Fax: <b>Robert.Frey@svpanthers.org</b>
Contact Person: <b>Robert Frey</b>		Title: <b>Athletic Director</b>	

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

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