

{OFFICE USE ONLY}

CC  
CPSL  
MR

SA  
PGC

# NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools



## EMPLOYEE REQUIRED BACKGROUND CHECK FORMS PACKET

**\*\*Please fill in the information below (on this cover page), and the attached forms. Then, personally return THE ENTIRE PACKET (including this completed cover page and checklist on the next page.) AND ALL OTHER LISTED REQUIRED DOCUMENTS**

EMPLOYEE NAME \_\_\_\_\_

Faculty/Staff/Coach (Please circle one)

E-mail address \_\_\_\_\_

## REQUIRED DOCUMENT CHECKLIST

**\*\*PLEASE do not submit an incomplete packet** - make sure that ALL forms listed on this checklist are submitted.

Also, please do not submit a fingerprint check that is over a year old, or PA State Police Crim. Ck.& Ch. Ab. Clearance that are dated prior to February 2015 - the Diocese cannot accept them.

(\*\*If you are an athletic coach, please personally return this packet of forms, including the cover page, AND the forms listed at the bottom of this page to Ms. Amy Rogers, Athletic Director).

To expedite the process, please use the following checklist to ensure that all forms are completed and submitted:

### *Included in Packet:*

- ☐ **BACKGROUND CHECK AUTHORIZATION FORM**
- ☐ **Allentown Diocese Code of Conduct Acknowledgement Form**  
(Please see the Diocesan website at [www.allentowndiocese.org](http://www.allentowndiocese.org) to read/review the Code of Conduct for clergy/lay, employees/lay volunteers) updated: 2/7/19  
**[DATED MAY 2014 or LATER]**
- ☐ **Allentown Diocese Sexual Abuse Policy Acknowledgement Form**  
(Please see the Diocesan website at [www.allentowndiocese.org](http://www.allentowndiocese.org) to read/review the Sexual Abuse Policy for clergy/lay, employee/lay volunteers)  
**[DATED MAY 2014 or LATER]**
- ☐ **Sexual Misconduct/Abuse Disclosure Release** (under Act 168 of 2014)  
*One form must be completed and forwarded to each previous employer where the prospective employee had contact with children. Form can be copied if more than one is needed.*
- ☐ **Driver Information Form** **\*\**(additional training is required)***  
**[less than five (5) years old]**

### *Required, but not included in packet:*

- ☐ **Pennsylvania State Police Criminal History Check**(Paid for by State of PA)  
*\*go to <https://epatch.state.pa.us/> (Pennsylvania Access to Criminal History / PATCH)*  
**[DATED 2015 or LATER, then good for 5 years]**
- ☐ **Pennsylvania State Child Abuse History Clearance** (Approx. \$20 fee)  
*\*go to <https://www.compass.state.pa.us/cwis/public/home>*  
**[DATED 2015 or LATER, then good for 5 years]**
- ☐ **Federal Criminal History Record Fingerprint Check** (Approx. \$30 fee)  
*\*go to <https://uenroll.identogo.com> to pre-register and schedule an appointment. Scheduling is required through Identogo (MorphoTrust). EMPLOYEES will need to use the following code to start their pre-registration process. **Code is ONLY for EMPLOYEES and CANNOT be used for Volunteers.** For SCHOOL EMPLOYEES, we have a **PDE Employee code: 1KG6TR***  
**\*\*PLEASE TURN IN RECEIPT (see sample in packet)**  
**[DATED 2015 or LATER, IF through DHS, less than 365 days old if PDE - good for 5 years]**
- ☐ **Protecting God's Children Workshop Certificate of Completion**  
*\*see [www.allentowndiocese.org/virtus\\_calendar](http://www.allentowndiocese.org/virtus_calendar) for scheduled workshops*
- ☐ **Online Mandated Reporter Training certificate** (No charge for training)  
*\*access training course at [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu), and also see the attached instructions for processing.*  
**[DATED 2015 or LATER, then good for 5 years]**
- ☐ **Diocesan Act 126 Training Certificate** (schedule w/ LSEC Office)

For DoA Office Use Only

_____	Date of PATCH
_____	Date of CAH Cert
_____	CAH Submission

DEED \_\_\_\_\_

FP Payment Code \_\_\_\_\_

CAH Payment Code \_\_\_\_\_



Diocese of Allentown  
**Background Check Authorization Form**  
for Lay Employees & Volunteers

**Personal Information – Please Print**

THIS FORM MAY BE REPRODUCED

Full Name: \_\_\_\_\_ ☐ Male  
Last Name First Name Middle ☐ Female

Alias(es): \_\_\_\_\_ Race: \_\_\_\_\_  
Last Name First (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S. Number: \_\_\_\_\_  
mm/dd/yyyy Required for Employees

Current Address: \_\_\_\_\_  
Street Address Apartment #  
City State ZIP Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Diocesan Location: \_\_\_\_\_  
Site Name (ie St Joseph Church) City (ie Summit Hill)

Location Type: ☐ Parish ☐ School ☐ Both

Diocesan Position: ☐ Employee ☐ Contractor  
☐ Volunteer ☐ Rel. Sister  
Function (ie Classroom, CYC, etc)

Does position require regular interaction with children? ☐ Yes ☐ No

Previous background check through the DoA? ☐ Yes ☐ No

**Acknowledgement Signature**

I hereby grant to the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

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

Questions regarding this form should be directed to the Human Resources Office at (610) 871-5200 ext 2201.

- ☒ Completed form must be returned to requesting LSEC, Pastor, Principal or Administrator.
- ☒ Parish/School must retain a copy of this completed form in the employee/volunteer file.
- ☒ Fair Credit Reporting Act (FCRA) Summary of Rights on reverse of form.

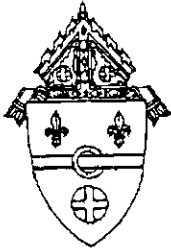
## A Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

1. You must be told if information in your file has been used against you. Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and give you the name, address, and phone number of the agency that provided the information.
2. You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit file;
  - You are the victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as the result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. For additional information, see [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
3. You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.
4. You have a right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
5. Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However a consumer reporting agency may continue to report information it has verified as accurate.
6. Consumer reporting agencies may not report outdated negative information. In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
7. Access to your file is limited. A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
8. You must give your consent for reports to be provided to employers. A consumer-reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
9. You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPT-OUT (1-888-567-8688).
10. You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
11. Identity theft victims and active duty military personnel have additional rights. For more information visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights, including contact information, visit <http://www.consumer.ftc.gov/sites/default/files/articles/bd/fcra-0088-fair-credit-reporting-act.pdf>

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Avenue, N.W., Washington, DC 20580



**DIOCESE OF ALLENTOWN**  
**Code of Conduct**  
**Acknowledgment Form for**  
**DIOCESAN CLERGY, LAY**  
**EMPLOYEES AND LAY VOLUNTEERS**

I hereby acknowledge that I have received a copy of the Code of Conduct for Diocesan Clergy, Lay Employees and Lay Volunteers dated 24 October 2003, revised 15 May 2014, 16 June 2017 and 20 November 2018. I have reviewed the Code of Conduct and understand its contents. I understand that I should speak with my supervisor or the appropriate Diocesan representative with regard to any questions that I may have regarding the Code of Conduct.

I understand that in working with children and/or youth, I am also subject to a background check including criminal history. I understand that any action inconsistent with the Diocese of Allentown Code of Conduct or failure to take action mandated by the Code of Conduct may result in my removal from involvement with children and/or youth, and/or removal from ministry. My signature confirms I have read this Code of Conduct and agree to follow the standards set forth in the Code of Conduct.

I further understand that the Diocese of Allentown has issued the Code of Conduct for informational and guidance purposes only and that the Diocese does not intend for the Code to create a contract of employment or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Code of Conduct and it reserves the right to amend or interpret the Code as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel file.

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(Date)

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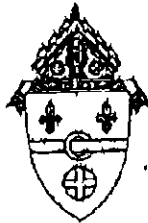
(Signature of Employee/Volunteer)

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Diocesan Location

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(Please print name)



**DIOCESE OF ALLENTOWN**  
**Sexual Abuse Policy Acknowledgment Form**

I hereby acknowledge that I have received a copy of the *Policy Regarding Alleged Sexual Abuse of Minors by Diocesan Clergy, Lay Employees of the Diocese, Lay Employees of Parishes, Lay Volunteers of the Diocese and Lay Volunteers of Parishes* ("Sexual Abuse Policy") Revised 20 April 2004, 19 July 2006, 10 October 2008, 29 November 2012, 23 April 2013, 15 May 2014, and 6 December 2016.

I have reviewed the Sexual Abuse Policy and understand its contents, including the statement that the Diocese of Allentown considers any allegation of sexual abuse or exploitation of a minor by a cleric or lay employee to be an extremely serious matter. I understand that I should speak with my supervisor or the appropriate Diocesan representative with regard to any questions that I may have regarding the Sexual Abuse Policy.

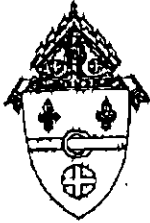
I further understand that the Diocese of Allentown has issued the Sexual Abuse Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract of employment or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Sexual Abuse Policy and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel file.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee/Volunteer

\_\_\_\_\_  
Please print name





**DIOCESE OF ALLENTOWN**  
**Child Protective Services Law Policy**  
**Acknowledgment Form**

I hereby acknowledge that I have received a copy of the Diocese of Allentown's *Child Protective Service Law Policy*.

I have reviewed the *Child Protective Services Law Policy* and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee/Volunteer

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
City

\_\_\_\_\_  
Location



## Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,  
**PLEASE CALL 911 IMMEDIATELY.**
  - Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
  - Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) or you may fax or mail the form to the appropriate Office of Children and Youth.
  - Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-559-3290	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800
  - The Pastor (or Board of Pastors of the Regional School )
  - The Principal of the school
  - Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
  - If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.
- \*\*Please document who you spoke to and when

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

The Diocese of Allentown urges any questions  
about the interpretation of the law be resolved in favor of reporting.



**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 employee(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To: <input type="checkbox"/> Name of Current or Former Employer Street Address City, State, Zip Telephone Number	<input type="checkbox"/> No applicable employment
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**BY EMAIL:**

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 business 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):	

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 true, correct and complete. 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 fabrication 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.

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)**

Employing Entity receipt date \_\_\_\_\_

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

Contact telephone # \_\_\_\_\_

Dates of employment of Applicant: \_\_\_\_\_

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?

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

Date \_\_\_\_\_

Pursuant to Act 163, 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 OP&A, 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 163, 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.

Return all completed information to:

School Entity:		
Address:		Phone:
State:	Zip:	Fax:

**\*Attention Drivers: Please remember to fill out parts C and E ONLY!**

DL-508 (8-08)

## 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)  
PLEASE TYPE OR PRINT IN BLUE OR BLACK INK  
DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS



Office of Driver Licensing  
PO Box 10000  
Harrisburg, PA 17105-1000

### CHECK (✓) ONE ONLY

- ☐ BASIC INFORMATION: \$5.00 FEE (Driver History is not included)  
☐ 5 YEAR DRIVER RECORD: \$8.00 FEE  
☐ 10 YEAR DRIVER RECORD: \$10.00 FEE (Employment Purposes Only)

- ☐ CERTIFIED DRIVER RECORD: \$10.00 FEE  
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$6.00 FEE  
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 5 Year and/or 10 Year Driving Record on PennDOT's Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<b>A REQUESTER INFORMATION</b>		<b>B END USER OF INFORMATION BEING REQUESTED</b>	
NAME/COMPANY Diocese of Allentown		NAME/COMPANY	
ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address) 1515 Martin Luther King Jr Dr		ADDRESS (P.O. Box not compulsory, must be precise physical location of business/residence)	
CITY Allentown		CITY	
STATE PA		STATE	
ZIP CODE 18102		ZIP CODE	
DAYTIME TELEPHONE NUMBER (REQUIRED) 610-871-5200		DAYTIME TELEPHONE NUMBER (OPTIONAL)	
RELATIONSHIP TO DRIVER (REQUIRED) Employer		RELATIONSHIP TO DRIVER (OPTIONAL)	
SIGNATURE <input checked="" type="checkbox"/> NOTIFICATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD		<b>D AFFIDAVIT OF INTENDED USE</b>	
<b>C DRIVER INFORMATION</b>		Intended Use of the Information Requested: CHECK ONLY ONE	
NAME LAST FIRST MIDDLE		<input type="checkbox"/> B - Driver Release (Driver must complete Section E)	
ADDRESS		<input type="checkbox"/> C - Credit (in connection with a credit transaction involving the driver)	
CITY		<input type="checkbox"/> E - Employment (to support the hiring or the continuation of employment. Driver must complete Section E)	
STATE		<input type="checkbox"/> F - Insurance Company requesting record of person it intends to insure, now insures, or has requested for insurance.	
ZIP CODE		<input type="checkbox"/> K - Court Order must be attached. (A subpoena issued in compliance with Pa.R.C.P. 4009.21 will be accepted in lieu of a court order).	
PHONE NUMBER		<input type="checkbox"/> L - Attorney representing driver identified in Section C (Driver must complete Section E)	
DATE OF BIRTH MONTH DAY YEAR		I hereby certify that _____ PRINTED NAME OF REQUESTER	
DRIVER NUMBER		will use the driver record information(s) requested pursuant to Section 8114 of the Pennsylvania Vehicle Code, for the purposes requested above only and no other reason. This affidavit is filed in compliance with Section 807 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.	
<b>E DRIVER RELEASE</b>		SIGNATURE OF REQUESTER	
I, _____, hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PENNSYLVANIA COMPANY		TITLE	
SIGNATURE OF DRIVER		DATE	
<b>F MICROFILM</b>		<b>NOTARIZATION</b>	
TYPE OF DOCUMENT		SUBSCRIBED AND SWORN TO before me this _____ MONTH DAY YEAR	
DATE OF VIOLATION		SIGNATURE OF PERSON SUBSCRIBING OATH	
(see list of available documents below)		SIGN IN PRESENCE OF NOTARY	
Documents Available: • Citations • Court Certificates • Applications • License Renewals • Judgments • Suspension/Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Renewal Letters • Department Hearing or Exam Notice		S E A L	

MESSAGE NO.

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

### DIOCESE OF ALLENTOWN Instructions to Obtain EMPLOYEE **FBI Fingerprint Results**

Go to the registration site: <https://enroll.identigo.com/>

Enter your Service Code to get started

- **School or parish employee involved with children** – **1KG6TR** for Non-Public Schools
  - Applies if working in the school building or with child-centered activities (PREP/CCD, CYO, etc.)
- **Parish employee** – **1KG756** for an Employee 14 or older having contact with children

Place Payment Code Label Here

(LSEC Use Only)

#### During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (\*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- If using the code for **Non-Public Schools**, you will be asked to create a secret question. Please create a question-answer pair that is easy to remember but not common knowledge.

Record Your Secret Question Here

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Walk-in appointments are available but may wait for hours for a turn.
- Print a copy of the receipt to take with you to fingerprinting AND for your records.
- You also may need your secret question during your appointment.

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

### Next Steps:

If you registered using the code for School or parish employee involved with children (Non-Public Schools) and are seeking employment within the Catholic School system of the Diocese of Allentown, you will be required to present the receipt for your finished fingerprints at the time of your interview so that your official results can be accessed. Please be sure to have a copy of your receipt available for your interviewer. An unofficial copy will be sent to your home, please keep this for your records.

In addition, you may access your unofficial results electronically if you've registered with an email address as your preferred contact. If this is the case, your unofficial letter is available only through a one-time use login into the system. Do NOT login with your phone because the system doesn't allow letters pulled via mobile devices but it does count as your single login. Only use the link provided by IDentoGo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

If you registered using the code for a Parish employee (Employee 14 or older having contact with children), your official results will be sent to your mailing address. You will need to present the original copy of your result, including attached rap sheets, to your Supervisor or Local Safe Environment Coordinator (LSEC). If results are presented without attached rap sheets, an employee/volunteer will be considered ineligible due to the Diocese's inability to eliminate certain crimes that would prohibit employment/volunteering within the Diocese. If the Diocese provided payment for the fingerprints, they will retain the original copy of the fingerprint result; otherwise a copy of the result will be made for your file.

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE



IdentoGO Center (4000077)  
1000 East Main St  
Cherry Hill, NJ 08034  
Haddonfield, Pennsylvania 19033-2505

**IdentoGO**  
By IdentoGO USA

DATE: 12/21/2011 15:02:57 PM  
Customer: FRANK MALLAT SHADE  
UE ID: US2V #1188B

SERVICES  
PA - PDE Volunteer \$21.35  
Subtotal \$21.35  
TAXES \$21.35  
Payment Credit Card money in (11/11/11) \$21.35  
Amount Paid: \$21.35

By signing, I authorize IdentoGO USA and its affiliates to use my personal information for service-related and/or promotional purposes. I agree that I will pay for any purchases in accordance with the hearing device manufacturer's requirements.

Signature: *By OT Clinic*

Service station is available at:  
<http://www.idento-go.com>

We want to hear from you!  
Text us about your IdentoGO Service Station  
844.633.6541

IdentoGO Center (4000069)  
5224 Millard Rd  
Ste. 155  
East Susquehanna, Pennsylvania 16822  
-9671

**IdentoGO**  
By IdentoGO USA

DATE: 02/10/2012 09:57 AM  
Customer: FRANK MALLAT SHADE  
UE ID: US2V #1188B

SERVICES  
PA - PDE Volunteer \$21.35  
Subtotal \$21.35  
TAXES \$21.35  
Payment Web Card money in (11/11/11) \$21.35  
Amount Paid: \$21.35

Service station is available at:  
<http://www.idento-go.com>

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Text us about your IdentoGO Service Station  
844.633.6541

Figure 7. Receipt Examples. These are examples of the receipt received at the fingerprinting appointment. Only when paying with credit card will a signature appear (left) unlike when paying with a Coupon Code (right).

12/21/2011 15:02:57 PM  
Customer: FRANK MALLAT SHADE  
UE ID: US2V #1188B

SERVICES  
PA - PDE Volunteer \$21.35  
Subtotal \$21.35  
TAXES \$21.35  
Payment Credit Card money in (11/11/11) \$21.35  
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Figure 8. Unofficial Copy of PDE Results. Applicants will receive an unofficial letter containing their results either at their home address or email address depending upon preferred contact method. These are to be presented as proof to their respective diocesan contact but are not acceptable as final clearances.

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

### DIOCESE OF ALLENTOWN Instructions to Obtain EMPLOYEE

### State Police Criminal Record Checks (PATCH)

*New school hires must provide a PATCH report at the time of their interview. Parish employees may opt to acquire PATCH reports on their own to own the results. Accepted reports must be less than 1 year old.*

Begin by going to the website <https://epatch.state.pa.us/>.

1. Click "Submit a New Record Check," the grey button
2. Read and accept the Terms and Conditions.
3. Select "Individual Request" and click "Continue."
4. Select a reason from the drop-down menu.
  - a. Select EMPLOYMENT, as it is the most commonly accepted purpose.
5. Fill out Contact Information.
  - a. Those with the red asterisk (\*) are required and the form will not allow you to continue without providing that information.
6. Click "Next."
7. Confirm information on "Review Requestor" page and click "Proceed."
8. Fill in information for the Record Check.
  - a. Those with red asterisk (\*) are once again required.
  - b. Social security numbers are highly recommended allowing quicker result returns.
9. Click "Enter This Request."
  - a. If another report is needed for another individual (spouse, for example), they can enter that information now. Click "Enter This Request" again after.
  - b. If not, click "Finished" on the next page without entering further information.
10. Confirm information on "Record Check Request Review" and click "Submit."
11. Click "Checkout" to go to payment page.
12. Enter Credit Card information and click "Pay with your Credit Card."
13. Click on the hyperlinked Control Number to come to the "Record Check Details."
14. Click "Certification Form" above the "Back" button.
15. Click "OK" on the pop-up dialogue box concerning printing margins.

This resulting document is the **OFFICIAL Certification**.

Print and save this document for your records. You will need to provide this certificate to your supervisor, interviewer, or Local Safe Environment Coordinator (LSEC). They will then send it to the Diocese of Allentown Background Check Office for you to be officially cleared given all the required background check documentation.

To access additional reports, use the "Back" option over the browser's back button to avoid errors and possible loss of record checks, which are only recovered with the control number.

Please be aware that receipts and invoices are not acceptable as final documentation of the clearance. These are only useful if less than a year old allowing us to pull the official certificate.

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

**PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE**

DIOCESE OF ALLENTOWN  
Instructions to Obtain EMPLOYEE

**Child Abuse History Certification Clearances**

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

**Create and Access an Individual Account**

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: lastnamefirstinitialmiddleinitial like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
  - a. "Public" as in a public device like one that might be at a library or a school
  - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the page and click "Next".
15. Click "Continue."

**PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE**

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

### Applying for a Child Abuse History Certification

16. Click "Create a Clearance Application."

17. Click "Begin."

18. For the Application purpose:

- Employees of a parish must select "Individual 14 years of older applying for or holding a paid position as an employee with a program, activity, or service."
- Employees of a school (either new hire or looking to update clearances) must select "School employees governed by the public school code."
- Please note: Volunteer clearances cannot be used for employment.

19. Enter all requested information. Make sure to include a local address that you have access to so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.

20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.

21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.

- All applicants who were under 18 years of age in 1976 must list their parents or guardians among their Household Members.
- Those who have passed can still be listed. You can note this rather than giving an age.

22. If you received a payment code (See label below), please enter it when asked to do so.

Place Payment Code Label Here

(LSEC Use Only)

23. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

### Next Steps:

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine.

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

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DIOCESE OF ALLENTOWN

Instructions to Obtain

### PGC & MRT Certificates

#### Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a workshop centered on a 3-hour video presentation. Any priest, employee, or volunteer who interacts with children for more than 15 hours per year is required to attend. Pre-registration is required.

1. Please visit <http://www.allentowndiocese.org/index.php/calendar>.
2. Using the diocesan calendar, select a class that best fits your schedule.
3. Click on the event to view details.
4. Call the number provided to register and ask for directions if required.
5. After attending the event, you will receive a certificate of completion.
6. Give a copy of this certificate to your supervisor or Local Safe Environment Coordinator.

#### Mandated Reporter Training (MRT)

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available either online through the University of Pittsburgh's website or in-person as facilitated by Sr Margaret Cole. All employees and volunteers are required to attend. Pre-registration is needed for both methods.

##### *In-person Training*

7. Please visit <http://www.allentowndiocese.org/index.php/calendar>.
8. Using the diocesan calendar, select a class that best fits your schedule.
9. Click on the event to view details.
10. Call the number provided to register and ask for directions if required.
11. After attending the event, you will receive a certificate of completion.
12. Give a copy of this certificate to your supervisor or Local Safe Environment Coordinator.

##### *Online Training*

8. Please visit <https://www.reportabusepa.pitt.edu/>.
9. Click "Registration" and fill out all required information (blue fields) to create an account.
10. Click "Submit" to create a username and password.
11. Login using your new credentials in the "Welcome" tab.
12. Complete the 3-hour (minimum) training course.
13. At the end of the workshop, you will receive a certificate of completion.
14. Give a copy of this certificate to your supervisor or Local Safe Environment Coordinator.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE