



## Tuscarora Intermediate Unit 11

2527 US Hwy 522 South  
McVeytown PA 17051-9717  
(814) 542-2501 • (717) 899-7143

### Act 168 of 2014 Employment History Review Requirements

Tuscarora Intermediate Unit 11 (TIU) requires all candidates under final consideration for hiring to provide employment history information.

Employment history information must include:

- All current employers (regardless of type of work).
- All former employers that were school entities; such as school district, intermediate unit, charter school, cyber charter school, private school, non-public school, vocational technical school (regardless of type of work).
- All former employers where you were employed in a position that involved direct contact with children.

This includes any full time, part time, substitute or temporary employment for current or former employers.

You must complete both the Employment History Record and the Disclosure Release forms. If you have no current employer and no prior employers that fit the descriptions above, you still must submit the forms, marked appropriately.

#### 1. Employment History Record

- Complete form TIU-168. **Please print.**
- If you have no current employment and or prior applicable work experience mark that box.
- Attach multiple pages, if needed.
- One copy of this form is attached.

#### 2. Commonwealth of Pennsylvania Disclosure Release form

- Even if you have no current employer and no prior applicable work experience you must complete the form, marking the appropriate box in the address area, answer the questions, and sign.
- Complete one copy of the form for **each** current and each prior employer that meets **any** of the three conditions listed above. **Please print.**
- Complete the top most portion with information about other employer.
- Answer the questions in Section 1 of the form.
- **REQUIRED - Provide your PPID**, if you have one, even if the position you have applied for does not require certification. (All PDE certification holders have a PPID.)
- Sign and date each form on page two.
- One copy of this form is attached, duplicate as needed.

Submit all forms, together, to Michele Huntsman, Human Resources or email to [mhuntsman@tiu11.org](mailto:mhuntsman@tiu11.org), or fax to 814-542-2025. **DO NOT send the forms to current or prior employers; they must come to TIU first.**

You may copy the provided forms or print them from the Human Resource area of the TIU website, <https://www.tiu11.org>.

Eligibility to hire verification will also include other factors such as, but not limited to:

- Receipt of acceptable required clearances.
- Confirmation of valid, active, appropriate certification or credentials.
- Verification with PDE of any public professional discipline or known pending criminal charges.
- Additional background checks as deemed necessary or appropriate.

If you have any questions, please contact me by email, [mhuntsman@tiu11.org](mailto:mhuntsman@tiu11.org), or phone, 814-542-2501, ext. 103 or 717-899-7143, ext. 103. Thank you for your prompt attention.

### TIU 11 Employment History Record for Act 168

- List ALL current employers, PLUS;
- List ALL former employers that were school entities, including public schools, charter schools, cyber charter schools, private schools, nonpublic schools, intermediate units, and area vocational-technical schools, PLUS;
- List ALL other former employers where you had direct contact with children.
- If NO current and no prior applicable employment, mark here:

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Program Area: \_\_\_\_\_

Indicate if current or prior employer and contact with children information for each employer.  
 Provide Main Office OR Human Resource Office Mailing Address.

Employer	Position	Start Date	Mailing Address	Phone
		End Date		City, State, Zip
Current Employer <input type="checkbox"/>	or Prior Employer <input type="checkbox"/>	Contact with Children:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Position	Start Date	Mailing Address	Phone
		End Date		City, State, Zip
Current Employer <input type="checkbox"/>	or Prior Employer <input type="checkbox"/>	Contact with Children:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Position	Start Date	Mailing Address	Phone
		End Date		City, State, Zip
Current Employer <input type="checkbox"/>	or Prior Employer <input type="checkbox"/>	Contact with Children:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Position	Start Date	Mailing Address	Phone
		End Date		City, State, Zip
Current Employer <input type="checkbox"/>	or Prior Employer <input type="checkbox"/>	Contact with Children:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Position	Start Date	Mailing Address	Phone
		End Date		City, State, Zip
Current Employer <input type="checkbox"/>	or Prior Employer <input type="checkbox"/>	Contact with Children:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Position	Start Date	Mailing Address	Phone
		End Date		City, State, Zip
Current Employer <input type="checkbox"/>	or Prior Employer <input type="checkbox"/>	Contact with Children:		Yes <input type="checkbox"/> No <input type="checkbox"/>

**COMMONWEALTH OF PENNSYLVANIA**  
**SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE**  
**(Pursuant to Act 168 of 2014)**

**Instructions**

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and complete a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. **A school entity or independent contractor may not hire an applicant who does not provide the required information for a position involving direct contact with children.**

**Relevant Definitions:**

**Direct Contact with Children** is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

**Sexual Misconduct** is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

**Abuse** is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

**Please Note**

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. The **Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request** can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 calendar days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No. 3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine willful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have willfully violated the provisions of Act 168.

**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:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	Fax Number:      Email:
	Contact Person:	Title:

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):	
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) held with the entity:	

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.

\_\_\_\_\_  
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)**

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:			
Address:		Phone:	
City:	State:	Zip:	Fax: Email:
Contact Person:		Title:	

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

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