



LOWER NAZARETH TOWNSHIP

BOARD OF SUPERVISORS

623 MUNICIPAL DRIVE
NAZARETH, PA 18064
TELEPHONE: 610-759-7434
FAX: 610-746-3317

Board of Supervisors

James S. Pennington, Chairman
Martin J. Boucher, Vice Chairman
Robert J. Hoyer, Supervisor
Bert R. Smalley, Supervisor
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Thank you for your interest in a Program Leader position with the Lower Nazareth Township Summer Park Program.

The Child Protective Services Law / Act 153 of 2014 and Act 15 of 2015 require all employees having direct contact with children to obtain clearances every 60 months. This includes child abuse, state, and federal criminal history checks. Instructions for obtaining those clearances are of the back of this page.

If you already have your clearances and they are less than 60 months old you can use them. HOWEVER, your Federal FBI check must be run through the Department of Human Services, not the Department of Education (DOE). We are unable to review the official results online for those clearances run through the DOE.

When applying, please complete the application, Arrest/Conviction Report and Certification Form, and (if you have them) attach your clearances. Qualified applicants will be interviewed and job offers will be made contingent on receipt of required clearances.

Please submit all documentation to the Township Office. Contact the Tammi Dravec at 610-759-7434 X1002 with any questions.

PLEASE MAKE SURE TO KEEP A COPY OF EACH CLEARANCE FOR YOUR RECORDS

You can link to all these sites from www.keepkidssafe.pa.gov

PA STATE POLICE CRIMINAL HISTORY RECORD / ACT 34

- <https://epatch.state.pa.us>
- Cost is \$8.00
- Results are typically instantaneous unless they are "under review" in which case, note your reference number and date of application and use that information to check back of the "epatch" website periodically until your results are available
- Print clearance (be sure to check all the way through to the "certification form" button – the document you print must show your SSN, DOB, etc.)

PA CHILD ABUSE CLEARANCE / ACT 151

- <https://www.compass.state.pa.us/cwis/public/home>
- Create an account with a valid email address, follow directions
- Cost is \$8.00
- In 3-5 days you'll receive an email link to login to your account and print your clearance.

FBI FEDERAL CRIMINAL HISTORY RECORD

- <https://www.identogo.com/>
- Register and use Service Code 1KG756
- Schedule your appointment – UPS Store in Hellertown is closest location
- Cost is \$50.00
- Bring appropriate ID to fingerprinting center
- Eligibility letters are mailed to you in 14 days or less.



Fingerprint Service Code Form

Service Name: Employee >=14 Years Contact w/ Children

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

1KG756

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling 844-321-2101

Application for Employment

Please Print



LOWER NAZARETH TOWNSHIP
 623 MUNICIPAL DRIVE
 NAZARETH, PA 18064
 TELEPHONE: 610-759-7434
 FAX: 610-746-3317

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____
Last First Middle

Address _____
Street City State ZIP Code

Email address _____ Phone (____) _____

Position applied for _____ Shift preferred 1 2 3 Any

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

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here? Yes No If yes, dates: _____

Are you lawfully authorized to work in the United States? Yes No

If you are under 18 years old, can you furnish a work permit if required? N/A Yes No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's essential functions to respond.

Notice to Rhode Island applicants: This Company is subject to the state's workers' compensation laws (Chapters 29-38) unless otherwise noted below:

(Employer to list applicable exemptions)

Educational Background

Starting with your most recent school attended, provide the following information.

| School (include grade/year) | Courses Completed | Cumulative | Grade | Major/Minor |
|-----------------------------|-------------------|--|-------|-------------|
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |

Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

| | | |
|--|--|--|
| Employer () | Telephone # () | Dates employed: Month / Year to Month / Year |
| Street address City State | | Compensation (Starting) |
| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Compensation (Final) |
| Why did you leave? | E-mail: | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Commission/Bonus/Other Compensation \$ | | |
| Employer () | Telephone # () | Dates employed: Month / Year to Month / Year |
| Street address City State | | Compensation (Starting) |
| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Compensation (Final) |
| Why did you leave? | E-mail: | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Commission/Bonus/Other Compensation \$ | | |
| Employer () | Telephone # () | Dates employed: Month / Year to Month / Year |
| Street address City State | | Compensation (Starting) |
| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Compensation (Final) |
| Why did you leave? | E-mail: | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Commission/Bonus/Other Compensation \$ | | |

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal

authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

Mandatory Employer Disclosures

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. Notice to Massachusetts applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Notice to Rhode Island applicants: This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. Notice to North Dakota applicants: This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. Notice to Indiana applicants: This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date / / _____



ARREST / CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: _____

Any former names by which you
have been identified: _____

Section 2. Report of Arrests or Convictions

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) of (f.1) ("Reportable Offense(s)"). See Instructions on Page 3 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, and the date and location of arrest and/or conviction.

Section 3. No Arrest or Conviction

By checking this box, I state that I have not been arrested for or convicted of any Reportable Offense.

Section 4. Certification

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 failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

LIST OF REPORTABLE OFFENSES

*** A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

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

- | | |
|---|--|
| * Chapter 25 (relating to criminal homicide) | * Section 4304 (relating to endangering welfare of children) |
| * Section 2702 (relating to aggravated assault) | * Section 4305 (relating to dealing in infant children) |
| * Section 2709.1 (relating to stalking) | * A felony offense under section 5902(b) (relating to prostitution and related offenses) |
| * Section 2901 (relating to kidnapping) | * Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) |
| * Section 2902 (relating to unlawful restraint) | * Section 6301(a)(1) (relating to corruption of minors) |
| * Section 2910 (relating to luring a child into a motor vehicle or structure) | * Section 6312 (relating to sexual abuse of children) |
| * Section 3121 (relating to rape) | * Section 6318 (relating to unlawful contact with minor) |
| * Section 3122.1 (relating to statutory sexual assault) | * Section 6319 (relating to solicitation of minors to traffic drugs) |
| * Section 3123 (relating to involuntary deviate sexual intercourse) | * Section 6320 (relating to sexual exploitation of children) |
| * Section 3124.1 (relating to sexual assault) | |
| * Section 3124.2 (relating to institutional sexual assault) | |
| * Section 3125 (relating to aggravated indecent assault) | |
| * Section 3126 (relating to indecent assault) | |
| * Section 3127 (relating to indecent exposure) | |
| * Section 3129 (relating to sexual intercourse with animal) | |
| * Section 4302 (relating to incest) | |
| * Section 4303 (relating to concealing death of child) | |

(2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."

(3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:

- * the United States; or
- * one of its territories or possessions; or
- * another state; or
- * the District of Columbia; or
- * the Commonwealth of Puerto Rico; or
- * a foreign nation; or
- * under a former law of this Commonwealth.

*** A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second, or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. §3802(a), (b), (c), or (d) (relating to driving under the influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. §3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.