



We consider applicants for all positions without regard to race, color, religion creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		
POSITION APPLIED FOR	DATE OF APPLICATION		

LOCATION: AMBRIDGE ELLWOOD CITY FOX CHAPEL MONITEAU
 NORTH HILLS SHALER STO-ROX

Are you currently employed? YES NO

May we contact your present employer? YES NO

Have you ever been employes with us? YES NO

If yes, please give dates: _____

Are you available for work all days Monday – Friday? YES NO

Are you available for work between 6AM – 9:30 AM YES NO

Are you available for work between 1:30 PM – 5:00 PM YES NO

Are you prevented from lawfully becoming employed in this country
Because of Visa or Immigration status? YES NO

Have you been convicted of a felony within the last 10 years? YES NO

Have you been convicted of a misdemeanor within the last 5 years? YES NO

Conviction will not necessarily disqualify an applicant from employment

EDUCATION

PLEASE CIRCLE LAST GRADE LEVEL COMPLETED: 8 9 10 11 12 GED

COLLEGE

PLEASE CIRCLE YEARS COMPLETED: 1 2 3 4
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP OR SKILLS:

EXPERIENCE AND QUALIFICATIONS

Driver's License Number _____ State _____ Expires on _____

License Type (i.e. Regular or CDL- Class A, Class B or Class C) _____

List CDL Endorsements _____

Have you ever been denied a permit or license to operate a Commercial Motor Vehicle? **YES NO**

Has your license or permit been suspended or revoked? **YES NO**

If yes, please explain _____

ACCIDENT RECORD LAST THREE YEARS

DATE	NATURE OF ACCIDENT (Overturn, Rear End, etc.)	COMMERCIAL VEHICLE	PERSONAL AUTO

TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS

STATE	DATE	OFFENSE	COMMERCIAL VEHICLE	PERSONAL AUTO

EMPLOYMENT EXPERIENCE

Start 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, handicap or other protected status. **IF YOU DROVE BUS BEFORE, PLEASE PUT TYPE OF VEHICLE**

#1 EMPLOYER		
DATES EMPLOYED		FROM TO
WORK PERFORMED		
ADDRESS		CITY
STATE	ZIP	TELEPHONE #
JOB TITLE		SUPERVISOR
REASON FOR LEAVING		

#2 EMPLOYER		
DATES EMPLOYED		FROM TO
WORK PERFORMED		
ADDRESS		CITY
STATE	ZIP	TELEPHONE #
JOB TITLE		SUPERVISOR
REASON FOR LEAVING		

#3 EMPLOYER		
DATES EMPLOYED		FROM TO
WORK PERFORMED		
ADDRESS		CITY
STATE	ZIP	TELEPHONE #
JOB TITLE		SUPERVISOR
REASON FOR LEAVING		

IF YOU NEED ADDITIONAL SPACE PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

ADDITIONAL INFORMATION

Specialized Skills---Place an "X" next to equipment you have operated. List special skills next to OTHER

School Bus _____ Mini Bus _____ Shuttle Bus _____

Limo _____ Taxi _____ Coach _____

OTHER _____

Please list any additional information you feel is important to us in considering your application:

REFERENCES

NAME	PHONE NUMBER	ADDRESS

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given on my application or in interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

WELCOME TO ABC Transit Inc.

Before you begin to fill out an application, there are a few items we need to cover.

- The qualifications for becoming a van/bus driver are very strict.

NOT EVERYONE WILL QUALIFY

YOU WILL BE DRUG TESTED STARTING WITH A PRE-EMPLOYMENT TEST AND THEN RANDOMLY THROUGHOUT YOUR CAREER

Use of illegal drugs is forbidden.

Alcohol may not be present in your system while on duty.

No drinking of alcoholic beverages at least 8 hours before you are scheduled to work.

If you believe you **MAY** have a problem meeting the initial requirements, discuss it with one of our supervisors. If you **KNOW** you are not qualified, please do not waste your time completing the application.

- **How did you hear about ABC Transit?** (please circle one of the following)

Friend Radio Advertisement Other _____

In order to do a complete, required, background check, the Company is required to perform several expensive and time consuming tests. The test results will determine if you will be considered for employment.

The following will be checked:

1. **DRIVING RECORD** – PennDOT will notify you that we ran a check.
2. **CRIMINAL HISTORY** – This will discover all past legal issues. If you have **ANY** charges for weapons, drug or sex offenses, please speak with a supervisor. While not every incident, ticket or arrest will disqualify you, **EACH** will need to be explained to a supervisor.
3. **CHILD ABUSE CLEARANCE** – an Act 151 will be submitted to check for any improper behavior with children, including child abuse, molestation or child endangerment.
4. **FINGERPRINTS** – You will be registered to have your fingerprints run through the Identigo database. This will reveal any charges from another state as well as Pennsylvania.

In addition to those items listed, you must be dependable, responsible and able to drive the vehicle you are assigned.

Be advised – Short term employment to fraudulently access housing, transportation, daycare or medical benefits will be reported.

I acknowledge that I have read and understand the terms of employment as stated above.

Applicant: _____

Date: _____

ABC Transit, Inc.

SCHOOL EMPLOYEE DISCLOSURE STATEMENT (REQUIRED BY 23 PA C.S.A. 6356 (2) (II) AND 24 PS 1-111)

Name: _____ Social Security # _____

Address: _____ City _____ State: _____ Zip: _____

I (am) (am not) (circle one) a resident of the Commonwealth of Pennsylvania.

I swear/affirm that I have completed and given to the Company the requests for clearances to ChildLine; the Pennsylvania State Police; and/or the Federal Bureau of Investigation if applicable.

I swear/affirm that I have not been named as a perpetrator of a *Founded* report of child abuse or as the individual responsible for injury in a *Founded* report.

I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state within the preceding five years.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to harassment/stalking)
- Section 2901 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3123 (relating to statutory rape)
- Section 3125 (relating to aggravated indecent assault)
- Section 3125 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4303 (relating to concealing death of child born out of wedlock)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- A felony offense under Section 5902 (b) relating to prostitution and related offenses)
- Section 5903 (c) or (d) (relating to obscene and other sexual materials)
- Section 5301 (relating to corruption of minors)
- Section 5312 (relating to sexual abuse of children)

Any offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 54), known as "The Controlled Substance, Drug, Devise and Cosmetic Act"

I understand that completing the requests for clearances and forwarding them to ABC Transit, Inc. I can provisionally be employed for 30 days pending receipt of the Pennsylvania Child Abuse History Clearance and 90 days for the FBI Clearance. If the completed clearances have not been received from the Department of Public Welfare by the 30th day or the FBI Clearance received by the 90th day, I will be terminated from my position at ABC Transit, Inc. Upon receipt of the satisfactory clearances, I will be reinstated to my assignment.

I understand that as a provisionally hired employee, I must always work within the eyesight of a permanent employee.

I understand that I must be dismissed if I have been named as a perpetrator of a *Founded* report of child abuse or as the individual responsible for injury in a *Founded* report.

I understand that I must be dismissed if I have been convicted of any crimes listed above within the past five years.

I understand that my employment may be terminated if I have been convicted of any of the above crimes longer than five years ago, have been named as the perpetrator of an *Indicated* report of child abuse or have been named as the individual responsible for injury or abuse in an *Indicated* report.

I hereby swear/affirm that the information set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Crimes Code.

NAME: _____ Date: _____

Signature: _____ Witness: _____

Fingerprint Registration

This form is designed only as a tool to help facilitate your registration for fingerprinting services.

PLEASE PRINT **(Information Should Match Driver's License)**

First Name _____ Middle Name _____ Last Name _____

Place of Birth (State) _____ Country of Citizenship _____

Date of Birth _____

Height _____ Weight _____

Hair Color: _____ Eye Color _____

Gender at birth: M F

Race: **Circle one:** Asian Black Native American Caucasian/Latino

Ethnicity: **Circle one:** Non-Hispanic Hispanic Unknown

Applicant Information - Home Address:

Street _____

City _____

State _____ Zip _____ Phone _____

Social Security # _____ Driver's License #: _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
1-888-QUERYPA (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.pa.gov>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK <input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$22.00, PAYABLE TO: <u>“COMMONWEALTH OF PENNSYLVANIA”</u> THE FEE IS NONREFUNDABLE <input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$27.00, PAYABLE TO: <u>“COMMONWEALTH OF PENNSYLVANIA”</u> THE FEE IS NONREFUNDABLE <input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

**FEEES FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00.
MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA **

REASON FOR REQUEST				
◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶				
<input type="checkbox"/>	INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADOPTION (DOMESTIC)	EMPLOYMENT	VISA	OTHER	

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

ABC Transit, Inc.

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM FOR THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE**

I, _____ (Applicant's Name), hereby authorize the Department of Human Services, ChildLine, to release my Pennsylvania Child Abuse History Clearance information directly to **ABC Transit, Inc.**

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) 23 P.C.S. Chapter 63) and will not otherwise be released by **ABC Transit, Inc.** without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me _____ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from **ABC Transit, Inc.** upon written request.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

Date

Applicant's Signature

**SEND TO: ABC TRANSIT, INC.
320 Poplar Street
Etna, PA 15223**

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
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<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
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<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
<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
<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
<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
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="text-align: center;"> _____
 SIGNATURE OF OIM/CAO REPRESENTATIVE </div> <div style="text-align: right;"> _____
 OIM/CAO PHONE NUMBER </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.

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:	Email:
Contact Person:		Title:	

Date Form Received: _____

Received by: _____

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

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 2702 (relating to aggravated assault)
 - Section 2709.1 (relating to stalking)
 - Section 2901 (relating to kidnapping)
 - Section 2902 (relating to unlawful restraint)
 - Section 2910 (relating to luring a child into a motor vehicle or structure)
 - Section 3121 (relating to rape)
 - Section 3122.1 (relating to statutory sexual assault)
 - Section 3123 (relating to involuntary deviate sexual intercourse)
 - 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)
 - Section 4304 (relating to endangering welfare of children)
 - Section 4305 (relating to dealing in infant children)
 - A felony offense under section 5902(b) (relating to prostitution and related offenses)
 - Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
 - Section 6301(a)(1) (relating to corruption of minors)
 - Section 6312 (relating to sexual abuse of children)
 - Section 6318 (relating to unlawful contact with minor)
 - Section 6319 (relating to solicitation of minors to traffic drugs)
 - Section 6320 (relating to sexual exploitation of children)
- (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 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.

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: ____/____/____

Other names by which you have been identified: _____

Section 2. Arrest or Conviction

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

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) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

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, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

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

ABC Transit, Inc.

714 Ekastown Rd
Sarver, PA 16055
Phone: 412-782-4110
FAX: 412-782-1001

REQUEST FROM PREVIOUS EMPLOYER FOR VERIFICATION OF EMPLOYMENT & REQUEST/CONSENT FOR INFORMATION ON ALCOHOL & CONTROLLED SUBSTANCE TESTING

You are authorized to furnish information regarding employment as to my character, conduct, and services to your firm to **ABC Transit, Inc.** You may also release, and forward information requested by this document concerning my Alcohol and Controlled Substances Testing records. You are hereby released from all liability which may result from furnishing said information to **ABC Transit, Inc.**

APPLICANT'S SIGNATURE: _____ DATE: _____

TO: (FORMER EMPLOYER) _____
STREET: _____
CITY, STATE, ZIP _____
PHONE: _____ FAX: _____

Dear Sir/Madam:

(Applicant) _____, Social Security # _____, has made application with **ABC Transit, Inc.** for a position as _____ and states that he/she was employed by you as _____ from (date) _____ to _____. Will you please reply to the inquiries below regarding the above referenced applicant? Your reply will be held in strict confidence. Enclosed is a self-addressed, stamped envelope for your convenience.

Signed by: _____ (ABC Transit, Inc. Representative)

Position with your Company? _____ Type of work performed. _____
Type of vehicle operated. _____ Was he/she a safe driver? YES ___ NO ___
Give accident dates, if any. _____
What was the attitude toward employer & fellow employees? _____
What was general conduct? _____ Any record of alcohol or drug use? YES ___ NO ___
Ever injured on the job? YES ___ NO ___ If yes, did he/she receive Workman's Compensation? YES ___ NO ___

Please circle the overall performance of the above-named applicant:

Driving ability:	Excellent	Good	Fair	Poor
Attitude:	Excellent	Good	Fair	Poor
Work Quality:	Excellent	Good	Fair	Poor
Safety Habits:	Excellent	Good	Fair	Poor
Cooperation:	Excellent	Good	Fair	Poor

If applicant was **NOT** subject to part 382 testing requirements while employed, please check here (), sign below and return.

Under Part 382 testing requirements:

1. Has this person ever tested positive for a controlled substance in the last two years? YES ___ NO ___
2. Has this person ever had an alcohol test with Breath Alcohol Concentration of 0.04 or greater in the last two years? YES ___ NO ___
3. Has this person ever refused a required test for drugs or alcohol in the last two years? YES ___ NO ___

**Please include information received from other previous employers.

If YES to ANY of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference:

Name: _____ Phone: _____
Street: _____ City: _____ State: _____ ZIP: _____

Completed by previous employer representative:

Signature

Title

DRIVER'S MOTOR VEHICLE VIOLATION & REVIEW RECORD

**ABC TRANSIT, INC.
714 Ekastown Road
Sarver, PA 16055**

DRIVER: Each driver shall furnish the list as required by the motor carrier listed below. If the driver has been convicted of or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (391.27).

MOTOR CARRIER: Each Motor Carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations or motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the last 12 months.

****IF YOU HAVE HAD NO TRAFFIC VIOLATIONS IN THE PAST YEAR, PLEASE WRITE NONE****

DATE	OFFENSE	LOCATION	VEHICLE TYPE

If no violations are listed above, I certify that I have not been convicted of or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

EMPLOYEE ACKNOWLEDGEMENT

Driver's License # _____ State _____ Expiration _____

Birth Date: _____ Social Security # _____

DRIVER NAME – PRINTED _____

DRIVER'S SIGNATURE: _____ Date: _____

NON-CDL – FAIR CREDIT REPORTING DISCLOSURE STATEMENT: In accordance with the provisions of Section 604 (b) (2) (A); 606 and 615 of the Fair Credit Reporting Act, effective September 30, 1997, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

CDL – FAIR CREDIT REPORTING DISCLOSURE STATEMENT: In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. The authorization is valid as long as I am an employee and may only be rescinded in writing.

ABC Transit, Inc.

714 Ekastown Road
Sarver, PA 16055
412-782-4110

EMPLOYEE LETTER

Dear Employee:

The management of **ABC Transit, Inc.** has adopted the attached policy statement in compliance with the Federal Anti-Drug Abuse Act of 1988, and with Federal Regulations issued by the Department of Transportation (Federal Highway Administration). As an employee of **ABC Transit, Inc.** your compliance with the policy statement is a condition of employment.

Read the attached policy statement carefully. Sign and date the enclosed form to signify your understanding of the policy and receipt of this letter. Return the form to the office within ten (10) days of receipt.

Aaron Silverman, President

ABC Transit, Inc.

714 Ekastown Road
Sarver, PA 16055
412-782-4110

DRUG-FREE WORKPLACE POLICY STATEMENT

It is the goal of **ABC Transit, Inc.** to provide a safe work environment and a healthy, productive workforce. To accomplish this, the management has adopted the following policy statement to provide a drug free workplace and comply with Federal Regulations issued by the Department of Transportation, Federal Highway Administration.

POLICY

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is strictly prohibited in the workplace, including all office locations, vehicles, offices, and parking lots.

To provide for a drug free workplace and comply with Federal Regulations issued by the Department of Transportation, Federal Highway Administration as set forth 49 CFR, Part 391, ABC Transit, Inc. will implement and maintain an Anti-Drug Program.

Beginning January 1, 1992, all job applicants will be screened for drugs as part of pre-employment drug testing. Beginning January 1, 1992, all current employees will be required to submit to Pre-Employment, Random Periodic, Post Accident, Reasonable Cause or Post Rehabilitation testing.

Any employee of **ABC Transit, Inc.** who fails a drug test (i.e. test results are positive, confirming the presence of a prohibited drug or drugs) will be:

Suspended immediately for willful misconduct without pay for a period of ten (10) days. At the end of the suspension period, the employee will be discharged for willful misconduct unless he/she enters a professionally certified drug rehabilitation program, acceptable to both **ABC Transit, Inc.** and the EMPLOYEE'S health/medical insurance carrier. Upon entry into an acceptable drug rehabilitation program, the employee will be placed on unpaid medical leave status. Drug rehabilitation will be an option available to **ABC Transit, Inc.** employees, one time and one time ONLY. If after having failed a drug test and employee refuses to enter an approved drug rehabilitation program, fails to comply with or complete the requirements of the rehabilitation program, fails any post-rehabilitation drug test or other subsequent drug tests, or fails to comply with any other aspect of **ABC Transit, Inc.'s** Anti-Drug Plan, the employee will be discharged for willful misconduct. Furthermore, the drug rehabilitation option described above will be offered only as the employee's health/medical insurance carrier provides coverage for such rehabilitation treatment as part of its health benefits package.

The procedures for sample collection, testing, and administration of this policy shall be in accordance with 49 CFR Part 40, as summarized in the Anti-Drug Plan Procedures attached to this company policy. The "Procedures" are available for inspector or employee review at any time.

If the employee disagrees with the test results, he/she may have that sample, which was confirmed positive, retested at another DHHS certified lab. Any such request for retest must be made in writing, on Standard Spectrum Medical Request Form within sixty (60) days of the final test result from the Medical Review Officer. The requesting employee must pay \$100 in ADVANCE for the cost of the sample, shipping, and retesting. The employee will be reimbursed by **ABC Transit, Inc.** ONLY if the test result is NEGATIVE.

Employees who fail to comply with this drug testing policy, or Federal Regulation Requirements will be discharged for willful misconduct. Any questions concerning **ABC Transit, Inc.'s** Anti-Drug Plan should be referred to Kristen Anthony, Vice President of Operations at 412-782-4110.

ABC Transit Inc.

DOT Required Post-Accident Drug & Alcohol Testing

Purpose

This policy establishes how ABC Transit, Inc. will comply with the post-accident drug and alcohol testing requirements of the Department of Transportation and the Federal Motor Carrier Safety Administration, established in 49 CFR Part 382.303.

Scope

This policy applies to all employees who are involved in the operation of commercial motor vehicles (CMV) for ABC Transit, Inc. business.

POLICY GUIDELINES

General Principles

The FMCSA requires ABC Transit, Inc. to test as soon as practically possible following an accident involving a CMV on a public road, any of its drivers:

- Who were performing safety sensitive functions if the accident involved the loss of human life (fatality); or
- Who receives a citation within 32 hours of the accident under state or local law for a moving violation arising from an accident, if the accident involved either-
 - o Injury of any person requiring medical treatment away from the accident scene, or
 - o A vehicle has to be towed from the accident scene.

Drivers must remain readily available for testing until it is concluded whether testing will be required. However, this should not delay necessary medical attention for injured people following an accident or prohibit a driver from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain emergency medical care.

If a required alcohol test cannot be completed within 2 hours, a file will be prepared and maintained on record stating the reason a test was not promptly administered.

If a required alcohol test cannot be completed within 8 hours, attempts to administer the test will cease and the same record described above will be prepared and maintained.

If a required drug test cannot be completed within 32 hours, a file will be prepared and maintained on record stating the reason a test was not promptly administered.

Additional Testing

Testing in the name of the FMCSA or the DOT will only be completed for the above reasons. ABC Transit, Inc. reserves the right to lay out its own testing requirements for employees in addition to what is stated here.

Employee Signature

Date

Employee Print Name

Witness

ABC Transit Inc.

Drug and Alcohol Testing Policy

The management of ABC Transit, Inc. has adopted the following policy in compliance with the Federal Anti-Drug Abuse Act of 1988 and with Federal Regulations issued by the Department of Transportation (Federal Highway Safety Administration). As an employee of ABC Transit, Inc. your compliance with this policy is a condition of employment.

ABC Transit, Inc. values the health and safety of its employees and knows that the use of alcohol and/or drugs can have a negative impact on the workplace and on job performance. Because of this, ABC Transit, Inc. prohibits the use, sale or possession of alcohol and/or illegal drugs at all times while on Company property or time. Employees are subject to drug and alcohol testing at any time, with or without notice.

In accordance with the Federal Drug Free Workplace Act, individuals convicted of any criminal drug statute, including misdemeanors, for violations occurring on/in Company property or on Company time, must notify ABC Transit, Inc. within five days of the date of conviction. This includes any findings of guilt, plea of "no contest" and impositions of fines, jail sentences or other penalties.

TESTING METHODS

- **Pre-employment Testing** – Every job applicant will be required to take and pass a drug and/or alcohol test before he or she may officially be hired by ABC Transit, Inc. Each applicant will be notified that a drug and/or alcohol test is required as part of the interview process and that any and all job offers are contingent upon successfully passing a drug and/or alcohol test.
- **Periodic Group Testing** – Employees will periodically be required to submit a specimen for an unannounced drug and/or alcohol test. Employees will be given short notice of the test and will be told when the testing will occur.
- **Random Testing**—Every employee has the chance of being selected to provide a specimen for a drug and/or alcohol test. Such random testing will take place annually. Selection for testing will be done to ensure that the selection of individuals is done at random.
- **Reasonable Suspicion Testing**—If there is suspicion that an employee is under the influence of drugs and/or alcohol while on Company property or time, the employee will be required to take a drug and/or alcohol test. Reasonable suspicion will be based on observable instances or actions such as, but not limited to, the following:
 - Dangerous conduct
 - Unexplained decrease in job performance
 - Hostile interpersonal relations
 - Possession of drug paraphernalia
 - Noticeably reduced short-term memory
 - Physical symptoms (including bloodshot eyes, slurred speech and vomiting)
 - Anxiety
 - Inability to concentrate

- **Post-accident Testing**—Every employee who is directly involved in, or whose actions contributed to an accident on the job, must submit to a drug and/or alcohol test as soon as possible after the incident occurs. Accidents include all Occupational Health and Safety Administration (OSHA) recordable incidents, actions or omissions that result in near-miss accidents and accidents involving injury requiring first aid or off-site medical attention. Accidents also include property damage caused by human error.
- **Follow-up Testing**—Employees who have tested positive for a drug and/or alcohol test, and employees who have attended drug and/or alcohol-related counseling may not return to work until they have been evaluated by a medical professional in a substance abuse treatment facility and have successfully passed a drug and/or alcohol test. Employees who return to work will be subject to following-up tests, all of which will be unannounced.

Each of the following actions constitutes a refusal to submit to testing:

- ✓ Failure to provide an adequate urine, blood, breath or saliva specimen for a drug and/or alcohol test without a valid medical explanation
- ✓ Failure to be escorted to a testing facility
- ✓ Tampering with, adulterating or diluting a specimen
- ✓ Refusing to sign a Chain of Custody form at the testing facility.

Employees do have the option to refuse to submit to drug and/or alcohol tests; however, doing so will constitute a violation of this policy. Refusal to take a drug and/or alcohol test will also be considered a positive test result, which subjects the employee to disciplinary action(s). Job applicants who refuse to submit to drug and/or alcohol testing will not be considered for employment.

Disciplinary Actions

Employees who test positive for drugs and/or alcohol, or who refuse to submit to testing, will be subject to disciplinary action(s), up to and including termination. No employee who tests positive for drugs and/or alcohol will be allowed to return to work until he or she has done the following:

- Signed the Rehabilitation Agreement form
- Successfully completed an assessment and/or treatment for drug and/or alcohol abuse
- Received certification from a qualified medical professional that he or she is free from drug and/or alcohol use
- Taken a drug and/or alcohol test, received negative test results and consented to follow-up testing

Collection of Specimens and Testing

ABC Transit, Inc. subscribes to the collection and testing procedures outlined by the Department of Health and Human Services (HHS). This protocol protects the privacy and confidentiality of the employee. Under certain circumstances, HHS requires that specimen donors provide a fresh specimen in the presence of a witness; however, this only occurs if there is suspicion of any of the following:

- The specimen is not from the donor
- The specimen was altered or tampered with
- The collection is part of a post-treatment monitoring program
- The donor adulterated the previous specimen

All specimens collected for drug and/or alcohol testing will be processed using employees' social security numbers as identification to ensure confidentiality.

Necessary Forms

Specimens will be tracked using a Custody and Control Form from the point of submission through destruction. Employees submitting specimens will be required to sign Chain of Custody Forms. If an employee does not sign these forms, retests will be requested. An employee who refuses to sign after it is requested of him or her will be considered having refused testing and will be subject to disciplinary action.

Laboratory Testing

All drug and/or alcohol testing will be conducted in a laboratory certified by HHS, according to the following procedures: (1) specimens will be screened for amphetamines, benzoylecgonine (cocaine), opiates, phencyclidine (PCP) and tetrahydrocannabinol (THC or marijuana); and (2) test results will be confirmed by gas chromatography/mass spectrometry (GC/MS). ABC Transit, Inc. reserves the right to test for other substances as well.

No specimen will be considered positive until it has been confirmed at the level established by HHS. If no established levels have been set by HHS for a tested substance, ABC Transit, Inc. will hold the testing facility responsible for establishing an acceptable level.

Test results for alcohol revealing a blood alcohol content of .04 or greater will be considered positive.

Results

Positive test results will be reported to the Medical Review Officer (MRO), who will then contact the employee to discuss the results. Should the MRO be unable to contact the employee, he or she will contact ABC Transit, Inc. for assistance. If the MRO cannot make contact with the employee within five days of testing or the results reveal a major safety concern, the MRO may disclose positive test results to ABC Transit, Inc. At that point, ABC Transit, Inc. reserves the right to take the employee off active duty until the MRO is able to contact the employee. When the MRO does contact the employee, and only if he or she can provide a viable reason for why the test came back positive, then the positive result will be reported to ABC Transit, Inc. as negative.

Use of Prescription Medications

Nothing in this policy prohibits the appropriate use of prescription medication as legally prescribed by a licensed physician. If an employee is taking prescription medication with potential side effects that may infringe on the safety of the employee or others, he or she must notify ABC Transit, Inc. Failure to do so may result in disciplinary action, up to and including termination.

ABC Transit, Inc. may contact the employee's physician to investigate whether it is necessary to impose restrictions on job duties as a result of the employee's use of prescription medication. If ABC Transit, Inc. and the physician determine that the employee should be removed from performing his or her job duties, ABC Transit, Inc. will notify the employee immediately.

Confidentiality

Results of all drug and/or alcohol testing will be kept separate from the employee personnel files and treated as confidential information. All results, whether positive or negative, will not be shared with anyone outside of the employee's direct supervisory chain of command, except when absolutely necessary for treatment of physician confirmation purposes.

NOTE: ABC Transit, Inc. may disclose the results of a drug and/or alcohol test to decision-makers in a lawsuit, grievance or other proceedings initiated by or on behalf of the employee.

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Employee Assistance Program Policy

ABC Transit, Inc. is well aware that the substance abuse problems affecting individual employees may also affect their job performance and personal life. Although employees can usually resolve issues on their own, at times they may benefit from additional assistance. ABC Transit, Inc. Proudly offers a free and confidential counseling service to employees and their family members (if applicable). This Employee Assistance Program (EAP) includes short-term counseling as well as referral services. This service is staffed by specialists qualified to assist with alcohol, drug, medical, marital, financial, legal, family and emotional problems.

The EAP is available to all employees, but is not required except when job performance, attendance or job responsibilities are negatively affected. All employees are welcome to make use of these services to better their personal lives.

In addition, an employee who voluntarily comes forward before violating this policy will be given the opportunity to seek treatment in accordance with the Voluntary Rehabilitation Agreement. In the event of a positive drug and/or alcohol test result, ABC Transit, Inc. will refer the individual to available resources, either at the employee's expense, or those covered by the Company's health plan. Prior to entering treatment, the employee will be required to sign a form consenting to the release of information regarding his or her treatment and return-to-work status. Upon leaving the treatment facility, an evaluation will be required to demonstrate that treatment was completed successfully.

If treatment requires time away from work, the time will be unpaid, unless paid vacation, sick leave or other earned time away is used. Upon return to work, ABC Transit, Inc. will remain in contact with the treatment facility to assure ongoing compliance with the recommended treatment. In addition, the employee will be required to submit to drug and/or alcohol testing for up to 60 months, at the discretion of ABC Transit, Inc. Should the individual test positive for any substance at any point during that time, he or she will be immediately terminated from their employment.

I have read the Drug and Alcohol Testing Policy and I understand that compliance with this policy is a condition of employment and that failure to comply with any part of this policy can result in termination of my employment with ABC Transit, Inc. for willful misconduct.

Employee Signature

Date

Employee Print Signature

Witness Signature

ABC Transit, Inc.

714 Ekastown Road
Sarver, PA 16055
412-782-4110

ANTI-DRUG PLAN ACKNOWLEDGEMENT

I have read the Anti-Drug Plan, and I understand that compliance with this plan is a condition of employment and that failure to comply with any part of this plan can result in termination of my employment with ABC Transit, Inc. for willful misconduct.

EMPLOYEE SIGNATURE: _____

DATE: _____

ACT 126 – RECOGNIZING AND REPORTING CHILD ABUSE

The Commonwealth of Pennsylvania requires anyone who comes into direct contact with children to have the **ACT 126 – Recognizing and Reporting Child Abuse** training. This is a 3-hour course.

Because you will have direct contact with children, you will be required to have this training and receive certification of completion of the training.

The training can be completed in one of two ways. The first, you can do it on-line through the University of Pittsburgh's website found at www.reportabusepa.pitt.edu or through in-person classes offered at the various ABC Transit, Inc. locations. Those classes and locations will be posted at all locations.

This certification must be completed either before your first day of employment or within the first 30 days of employment. Failure to present certification of completing the training could result in loss of employment until the training is completed.

If you choose to complete the training through the University of Pittsburgh's on-line course, be sure to ***write down your Username and Password*** for future reference.

If you have any questions regarding the ACT 126 training, please contact your location manager.