

Residency Waiver

Please check the appropriate line

1. ____ I have not lived in PA consecutively for 10 years. I understand that I must complete the FBI criminal history clearance.

You do not need to complete the section on the bottom half of this page, however you must provide us with a current and valid email address for the FBI questionnaire.

Email Address: _____

Signature: _____ Date: _____

2. ____ I have lived in PA during at least the entirety of the past 10 consecutive years.
(Please read and sign the section on the bottom half of this page)

If you have lived in PA for the past 10 consecutive years or more, please read and sign the following:

I affirm that I should not be disqualified from serving based on the conditions listed below:

- i. I am not named in the statewide database (pursuant to a DHS Child Abuse History Clearance) as the perpetrator of a founded report committed within the last five years
- ii. My PA State Police Criminal Background check OR FBI check does not reveal a conviction for *any* of the following at *any time* in the past:
 - a. Criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviate sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing death of child; endangering welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual materials and performances; corruption of minors; sexual abuse of children; or the attempt, solicitation or conspiracy to commit any of the above offenses. In addition, I have not been convicted of an offense similar in nature to the crimes listed above under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.
- iii. My PA State Police Criminal Background check OR FBI check does not reveal a conviction for a drug or drug-related felony in the past five years, including felony convictions under the Controlled Substance, Drug, Device and Cosmetic Act.

Signature: _____ Date: _____