

	Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)	NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit
Part 1. Applicant Information (Please Print)		
Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Applicant type: Employee <input checked="" type="checkbox"/> Volunteer _____ Family Care _____ Operator _____	
Applicant address, city state: _____		Social Security Number: _____
Facility/Provider Name: Resource Center for Independent Living, Inc. (RCIL)		
Part 2. Attestation		
<p>1. I have been advised that as part of the application process, the facility or provider agency listed above <u>must</u> request a <u>background</u> check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center <u>must</u> review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position.</p> <p>2. I consent to having my fingerprints taken and submitted to DCJS and the FBI and consent to the Justice Center sharing with the facility or provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.</p> <p>3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.</p> <p>4. I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.</p> <p>5. I have been advised that the results of the criminal <u>background</u> check forwarded to the Justice Center shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.</p> <p>6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.</p> <p>7. I certify to the best of my knowledge that I: (check as appropriate)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) _____ have not been convicted of a crime.</p> <p>(b) _____ have been convicted of a crime in NY or other jurisdiction.</p> <p>(c) _____ have pending arrest charges.</p> <p>If (b) or (c) is checked, provide details: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px; font-size: small;"> <p>You have not been convicted of a crime if:</p> <p>a. Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted;</p> <p>b. you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or</p> <p>c. you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.</p> </div> </div> <p>8. I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List as required by Social Services Law and will be performed prior to the criminal history information check.</p>		
Applicant Signature		Date: _____
Guardian signature if under 18	N/A	Date: N/A
Part 3		
Facility or Provider Agency Authorized Person Information		
Authorized Person Name:	Samantha Lamphere	Title: HR Credentialing Specialist
Signature:	<i>Samantha Lamphere</i>	Email: salamphere@rcil.com