

Social Services District Name:	Applicant Consent Form for Fingerprinting for Criminal Background Check (CBC)	
District Address:		

Part 1. Applicant Information (Please Print)

Last Name:	First Name:	MI:
Date of Birth:	Social Security Number:	
Applicant address:	Applicant type:	
Social Services District:		

Part 2. Attestation

1. I have been advised that as part of the application process, the law requires the Social Services District listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Social Services District for which I seek to be employed or be a contractor or subcontractor, to review and evaluate the results of the criminal history information check received by DCJS and FBI. A conviction for certain crimes may make me ineligible for employment.

2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI.

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.

4. I have been advised that I have the right to withdraw my application for employment or to serve as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor 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.

5. I have been advised that the results of the criminal history information check forwarded by DCJS and the FBI 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.

6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.

7. I certify to the best of my knowledge that I: (check as appropriate)

___ have been convicted of a crime in New York State or any other jurisdiction.

___ have pending arrest charges.

If checked, provide details: _____

Applicant Signature		Date:
Signature Parent/ Guardian if Applicant under 18 years		Date:
Part 3	Social Services District Authorized Person Information	
Name:		Title:
Signature:		Email: