



Thank you once again for your interest in becoming a volunteer at Compeer Buffalo. We are excited about the possibility of having you join our volunteer team. Please review this document prior to completing your background check paperwork included in this packet. As a reminder our screening and onboarding process consists of the following steps.

- Background check
 - Reference checks
 - Completion of a Volunteer Interview
 - Volunteer Orientation
 - Attending a Mental Health First Aid Training
1. **Buffalo Police Department Form**-This form allows us to have the Buffalo Police department run a criminal history check. **You are not responsible for paying the fee identified on the form, nor getting the form notarized as we have a staff member who will notarize the form.**
 2. **State Central Register Database Check Form**-This form requires a 28-year address history (or complete life history if you are under 28) including the respective months and years resided at each address as well as names/date of birth/relationship of any current household members. This form allows us to check for a history of child abuse/maltreatment associated with your name.
 3. **Compeer Fingerprint Appointment Information Sheet**-This allows us to schedule a fingerprint appointment for you. This sheet is shredded after use.
 4. **NYS Fingerprint Consent Form**-This allows us to schedule an appointment for you and receive results.
 5. **A copy of your Driver's License and Auto Insurance**-If you have selected to be a 1-1 in person volunteer or outreach team member, these documents are required as you will be transporting your mentee to and from meetings or to attend outreach events.

I look forward to working with you throughout the screening process. After you have completed these forms please return them to me via **email, fax** or **mail** using the information below. As you work to complete the paperwork, please do not hesitate to reach out with any questions or concerns. **I can be reached at volunteer@compeerbuffalo.org by phone at 716-883-3331 and by fax at 716.883.3395.**

APPLICATION RELEASE FORM

TO BE MAILED TO:

Buffalo Police Department
Identification Section
68 Court Street
Buffalo, New York 14202

There is a \$10.00 fee to process this data. By mail, payment **MUST** be made by money order. **DO NOT** send cash through the mail. In person, payment can be made by money order or cash. Checks are not accepted. Make money order payable to the **Buffalo Police Department**.

Be sure to include a stamped, self-addressed envelope so that this information can be mailed to you. Complete all the information listed below and have your identification and signature verified by a Notary Public (or) Commissioner of Deeds, as listed on the bottom of this application. Without total compliance to these instructions, you **WILL NOT** receive the requested information.

ALL SIGNATURES MUST BE ORIGINAL

NAME OF APPLICANT: _____ MAIDEN NAME: _____

SEX: _____ RACE: _____

CURRENT ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

REASON FOR REQUEST: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

STATE OF NEW YORK)
COUNTY OF ERIE) SS.
CITY OF BUFFALO)

On the _____ day of _____, 20____, before me personally appeared

_____, to me known to be the same person described in , and who
Executed the foregoing instrument and acknowledged the executions thereof.

Notary Public / Commissioner of Deeds

***** TO BE COMPLETED BY IDENTIFICATION SECTION PERSONNEL *****

☐ RECORD ATTACHED

VERIFIED BY: _____

☐ NO RECORD ON FILE

DATE VERIFIED _____

Application release form requested by applicant: ☐ (check box)Application release form requested by Organization: ☐ (check box)

Name of organization: _____

Designated organizational official approved for receipt: _____

NOTE: USE OF THIS INFORMATION IS NOT BASED ON FINGERPRINT IDENTIFICATION. DO NOT RETAIN AFTER 60 DAYS FROM DATE VERIFIED. NOT VALID UNTIL STAMPED.

Instructions for Completing the Statewide Central Register Database Check Form LDSS-3370

- **ALL** information on the form must be easily read so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

THE PROPER WAY TO COMPLETE THE FORM:

AGENCY INFORMATION

TOP LINE OF FORM:

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Daycare providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID number. (Contact your licensing agency/Regional Office if you have any questions).
- Clearance Category letter code (see back of Form LDSS-3370) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

AGENCY ADDRESS AREA:

- **Agency Name:** Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (*The SCR response will be addressed to the liaison.) **The liaison cannot be the applicant or a relative of the applicant.**
- **Agency Address:** Must include street, city

APPLICANT INFORMATION

APPLICANT/HOUSEHOLD MEMBER AREA:

- **ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.**

- Remember to **write clearly** or **type** all information in order to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.
- **First line:** Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- **Second line:** Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- **Remaining lines:** Names of all other household members. (Attach an additional page if needed.)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

- **First column:** indicate the relationship to the applicant of each person listed. (*Spouse, son, daughter, mother, father, friend, etc.*)
- **Sex M/F column:** fill in either M (Male) or F (Female) for every person listed.
- **Date of Birth column:** fill in complete date of birth (mm/dd/yy) for everyone listed on the form.

ADDRESS AREA:

The information required varies depending on the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for categories), provide addresses for the applicant and any household member who is 18 and older. **We need this information for the last 28 years.** Attach supplemental pages if necessary, but **do not use** another **LDSS-3370** form to list this additional information. Be sure to associate address histories with particular individuals (*i.e., indicate which addresses are for which household members*).
- For all other categories, only the applicant's address history is required – **for the last 28 years.**
- Complete addresses are required. Include street name and city/town/village. Also include street number and apartment number. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates (*mo/yr*) of residence. If the applicant has spent time in the military, list base names and locations along with dates (*mo/yr*). **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on to the back of the form for the last 28 years. Staple the attached supplemental page to the form if more space is needed, but do not use another copy of the **LDSS-3370** for this additional information.

SIGNATURE AREA:

Signatures required depend upon the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (*see back of form for category*), signatures are needed from the applicant and any household member who is 18 or older.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area-for example; Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked "Applicant's Signature", household members over 18 who are not applicants must sign in the boxes at the extreme bottom of the page marked "Signature".
- All signatures must be dated (*mm/dd/yy*). The SCR will not accept a form with a signature date more than 6-months old.

If you have questions regarding proper completion of this form, **please call the SCR at 518-474-5297.**

MAIL YOUR COMPLETED LDSS-3370 FORM TO: STATEWIDE CENTRAL REGISTER
P.O. BOX 4480
ALBANY, N.Y. 12204-0480

TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the (**OCFS-4627**) *Request for Forms and Publications*, from the Intranet: <http://ocfs.state.ny.net/admin/forms/SCR/> Internet: <http://ocfs.ny.gov/main/forms/cps/> and mail the completed **OCFS-4627 Request for Forms and Publications**, to: **THE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834.**

AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons eighteen years old and over residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

AGENCY CODE - Record your 3-digit agency code. **NOTE:** Day Care, Family and Group Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha or Alpha/Numeric 3-digit code with your licensing agency.

DAYCARE PROVIDERS - Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID (RID) number. (Contact your licensing agency/Regional Office if you have any questions).

RESOURCE I.D. (RID) - Record your RESOURCE I.D. (RID) in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs, and Local Departments of Social Services, have RID'S as of 9/01. Verify your RID number with your licensing agency. If you need assistance, email: ocfs.sm.conn_app@ocfs.ny.gov

CLEARANCE CATEGORIES - Record the appropriate category.

<p>A – Adult Services/Family Type Home for Adults</p> <p>D - Prospective employee (<i>Local DSS district - bill against reimbursement</i>)**</p> <p>E - Current employee.</p> <p>F - Prospective/new employee other than day care employees. (fee required - see below)*</p> <p>M - Director of a summer camp, overnight camp, day camp or traveling day camp.</p> <p>N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below)*</p> <p>P - Applying to be family day care provider. (<i>fee required - see below</i>)* Provide address history for all household members 18 and over.</p>	<p>Q - Applying to be group family day care provider. (<i>fee required - see below</i>)* Provide address history for all household members 18 and over.</p> <p>R - Applying to be kinship foster parents.</p> <p>S - Provider of goods/services</p> <p>U – Universal Pre-K Teacher (<i>fee required - see below</i>)*</p> <p>W - Applying to be foster parents or family care home providers.</p> <p>X - Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</p> <p>Y - Prospective <u>Day Care</u> employee (<i>fee required - see below</i>)*</p> <p>Z - Prospective volunteer/consultant.</p>
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AGENCY LIAISON - Record the name of the person to whom the response should be sent (*cannot be the same as applicant or related to the applicant*).

APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS - This information is to be provided by the applicant/employee/provider. See front of form.

APPLICANT(S) (at least one person must be so designated)-USE FIRST LINE

MAIDEN NAME/ALTERNATIVE/AKA: must be completed for every applicant. Record **ALL** previous names used. Start with second line. Use as many lines as needed (*One last name per line*)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (*ATTACH ADDITIONAL PAGE IF NECESSARY*)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

*Social Service Law 424a requires the collection of a \$25.00 fee for certain categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of twenty-five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code.

N.B.: a separate check must accompany each form.

**Social Service Law 424a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

If you have questions, please call the SCR at 518-474-5297.

MAIL YOUR COMPLETED LDSS-3370 FORM TO:

**STATEWIDE CENTRAL REGISTER
P.O. BOX 4480, Attention: Service Center Unit
ALBANY, N.Y. 12204-0480**

TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the **OCFS-4627, Request for Forms and Publications**, from the Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> Internet: <http://ocfs.ny.gov/main/forms/cps/> and mail the completed **OCFS-4627, Request for Forms and Publications** to: **THE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834**. If you have difficulty accessing a form on either site, you can call the automated Forms Request Line at **518-473-0971**.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

SCR USE ONLY

REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code): () -
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: Compeer West, Inc AGENCY LIAISON: Cheri Alvarez STREET ADDRESS: 1179 Kenmore Ave CITY: Buffalo STATE: NY ZIP CODE: 14217			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form. FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below <i>(see reverse side for instructions) Attach additional page if necessary.</i>	

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA***PLEASE TYPE OR PRINT CLEARLY**
☐ **IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.**

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
APPLICANT						
APPLICANT MAIDEN/ALIAS/MARRIED NAME						

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) / /	TO (Mo/Yr) / /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) / /	TO (Mo/Yr) / /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) / /	TO (Mo/Yr) / /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) / /	TO (Mo/Yr) / /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) / /	TO (Mo/Yr) / /

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE / /	APPLICANT'S SIGNATURE	DATE / /
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EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen-years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE / /	SIGNATURE	DATE / /
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STAPLE TO LDSS-3370 (IF NEEDED)

STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM

ADDITIONAL PAGE

(Use only if the space on the LDSS-3370 form is not sufficient)

APPLICANT NAME:

Print clearly, all dates must be consecutive (*mo/yr*). Be sure to associate address histories with particular individuals.

[illegible]

Other Household Members are (please print clearly):

☐ IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

[illegible]



Fingerprint Appointment Information Sheet

This form is used for Compeer to schedule a fingerprint appointment for you using our approved vendor, IdentoGo. All fields are required by the system. Compeer does not retain this information once the appointment has been scheduled. We do our best to meet your requests of preferred appointment date/time. Should the location you prefer not offer appointments in line with your schedule, we will contact you to discuss alternatives.

Applicant Name (Name as it appears on your ID)

First Name _____ Middle Name _____ Last Name _____

Date of Birth: _____

Methods of Contact (Confirmation of appointment will be sent to the email you list below. Phone number is used if there is a problem with your screening and you need to be re-printed.)

Phone Number _____ Email _____

Citizenship

Country of Birth: _____ If USA, state of birth: _____ Country of Citizenship: _____

Personal Questions

Have you ever used a maiden/previous name? ☐ No ☐ Yes (list all): _____

Have you ever used an alias? ☐ No ☐ Yes (list all): _____

Personal Info (This information is used for appointment booking only. Compeer does not retain this information.)

Height: _____ Feet _____ Inches Weight: _____ Sex: ☐ Male ☐ Female

Eye Color: ☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink

Hair Color: ☐ Bald ☐ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White

Preferred language: _____

Race: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Other: _____ ☐ Unknown

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Applicant Residential Address

Is your mailing address the same as your residential address? ☐ Yes ☐ No

Street Name _____ Unit Designator (Apt # **required** If applicable) _____

City _____ State _____ Zip Code _____ Country _____

Please identify which form of valid & not expired identification you will bring to your appointment (select one):

- ☐ Commercial Driver's License issued by a State or outlying possession of the US
- ☐ Department of Defense Common Access Card
- ☐ Driver's License Permit issues by a US State or outlying possession of the US
- ☐ Driver's License issued by a US State or outlying possession of the US
- ☐ Employment Authorization Card/Document (I-766) with photo
- ☐ Enhanced Driver's License
- ☐ Enhanced Tribal Card (ETC)
- ☐ Federal ID Card with a seal or logo from Federal agency
- ☐ Merchant Mariner Document (MMD)
- ☐ Military Dependent's Identification Card
- ☐ Military ID Card
- ☐ Military ID Card (Retired)
- ☐ Passport Book or Card
- ☐ Permanent Resident Card/Green Card
- ☐ Photo ID Waiver for Minors
- ☐ State ID Card (or outlying possession of the US) with a seal or logo from a State or State Agency
- ☐ Uniformed Services Identification Card (DD-1172-2)

Does the name you are enrolling under match the name on the document selected? ☐Yes ☐No

Appointment Location, Date & Time Information

Please select all options that apply. Exact address location and directions are provided on your appointment confirmation sheet.

Preferred Location: ☐ Buffalo/Broadway ☐ Cheektowaga/Kensington Ave ☐ Lockport/Washburn St
☐ Niagara Falls/3rd St ☐ West Seneca/Union Rd

Preferred Appointment Day of the Week: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Preferred Appointment Time of Day: ☐ Morning ☐ Afternoon ☐ Evening

Additional Appointment Information: _____



Justice Center for the Protection of People with Special Needs

Personal Criminal History Information Review

Pursuant to Executive Law 845-b, a Provider seeking to hire an individual who will have regular and substantial, unsupervised and unrestricted contact with service recipients must advise the Applicant of the right and procedures necessary to obtain, review and seek correction of his or her criminal history information.

The NYS Division of Criminal Justice Services (DCJS) allows an individual, or an individual's attorney who has been authorized in writing, to obtain either a copy of all criminal history information maintained on file at DCJS pertaining to that individual, or a response indicating that there is no criminal history information on file. The individual may also challenge the accuracy of the information through procedures established by DCJS. To obtain further information on the criminal history review process, please visit the DCJS website:

<http://www.criminaljustice.ny.gov/ojis/recordreview.htm>

This section outlines the process for a prospective applicant to request a copy of NYS criminal history maintained by DCJS.

1. Contact MorphoTrust USA by visiting its website at <http://www.identogo.com/> or calling 1-877-472-6915 (toll free number) to schedule an appointment for fingerprinting.
2. The "Request for MorphoTrust USA Fingerprinting Services - NYS Division of Criminal Justice Services Record Review Program" form describes the information that will be requested when you schedule the appointment.
3. In completing registration information for the record review, please note - you must provide one of the following service codes either online, or by phone: **15464Z** for a suppressed record, or **15465F** for an unsuppressed record (to obtain information on the difference between suppressed and unsuppressed records, please visit the DCJS website at www.criminaljustice.ny.gov/ojis/recordreview). You may request that your response be sent to your attorney rather than yourself.
4. When you arrive for your fingerprinting appointment, you must:
 - a. Provide two forms of identification (information on acceptable forms are available on the MorphoTrust website or from the MorphoTrust USA Call Center); AND

The United States Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own Record for review. Only the subject of the identification record can request a copy of his own FBI Identification Record for personal review or to challenge the information on the Record. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.


This section outlines the process for a prospective applicant to request a copy of their **FBI Identification Record** for personal review or to challenge information on the Record.

Requests for review of an FBI Identification Record must be mailed on signed cover letters provided by the FBI along with proof of identify (set of fingerprints) and payment to:

FBI CJIS Division - Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306.

To obtain all necessary information regarding these requests, visit <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

Challenging Information contained on an FBI Identification Record, often referred to as a Criminal History Record or Rap Sheet, is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, federal employment, naturalization, or military service. If the fingerprints are related to an arrest, the Identification Record includes name of the agency that submitted the fingerprints to the FBI, the date of arrest, the arrest charge, and the disposition of the arrest, if known to the FBI. An individual may challenge the information contained in the FBI Identification Record by contacting the original agency that submitted the information to the FBI or the state central repository in the state in which the arrest occurred. These agencies will be able to furnish the guidelines for correction of the Record. The FBI is not authorized to modify the Record without written notification from the appropriate criminal justice agency.

 <p>Justice Center for the Protection of People with Special Needs</p>	<h2 style="margin: 0;">Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)</h2>	<p>NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit</p>
Part 1. Applicant Information (Please Print)		
Last Name:	First Name:	MI:
Date of Birth:	Applicant type: Employee _____ Volunteer _____ Family Care _____ Operator _____	
Applicant address, city state:		Social Security Number:
Facility/Provider Name: Compeer Buffalo		
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="margin-left: 20px;"> <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> </div> <p>If (b) or (c) is checked, provide details: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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> <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		Date:
Part 3		Facility or Provider Agency Authorized Person Information
Authorized Person Name:		Title:
Signature:		Email: