

Applicant/Volunteer (Band)

CRIMINAL HISTORY PROCEDURES

Application Authorization and Certification Form – complete the attached Applicant Authorization and Certification form. After fingerprinting please submit your paperwork to Tom Weber – Supervisor of Fine & Performing Arts.

Include a \$7.00 money order or certified check payable to the “State of New Jersey” for State administrative fees.

Criminal History Fingerprint Instructions Sagem Morpho Live Scan Fingerprinting – as per instructions, applicant makes his/her own appointment for fingerprinting. Appointment scheduling is available via the web at www.bioapplicant.com/nj 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 Monday through Friday, 8:00 AM to 5:00 PM and Saturday, 8:00 AM to 12 Noon.

You will be reimbursed for the cost.
\$33.25 (\$26.25 for Sagem Morpho + \$7 state admin fee).

(1) Originating Agency Number (ORI #) NJ930100Z	(2) Category EDV	(3) Statute Number 18A:6-7.2
(4) Reason for Fingerprinting DOE Volunteer		(5) Document Type VBI
(7) Contributor's Case # (Unique Identifier) 01 1310		(6) Payment Information \$26.25
(8) Miscellaneous		

**** Important: Please see Acceptable ID Requirements below****

(9) First Name		(10) MI	(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number	(14) Date of Birth	(15) Height
(17) Maiden Name (if married female)		(18) Place of Birth (State if US Citizen - Country for all others)		(19) Country of Citizenship
(20) Home Address				
Address		City		State Zip
(21) Gender (Select one) Male Female Both	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native	
(25) Occupation Volunteer - Band	(26) Employer (Name) Egg Harbor Twp Board of Education Employer Address 13 Swift Drive City Egg Harbor Twp, State NJ Zip 08234			

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. **ONLY** applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You **MUST** retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

**NEW JERSEY STATE DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT
APPLICANT AUTHORIZATION AND CERTIFICATION**

(Type or print in ink)

(1) Last Name _____ (2) First Name _____ (3) Middle Initial _____ (4) Social Security Number _____

(5) Date of Birth _____ (6) Sex (Select One): M F (7) Race (Select One): W B O A H
 Month _____ Day _____ Year _____

(8) Street Address _____ (9) City _____ (10) State _____ (11) Zip _____

- (12) Job Category (Check One):
- 01 Administrator/Supervisor
 - 02 Classroom Teacher
 - 03 Educational Support Services (Certificated)
 - 04 Substitute Teacher
 - 05 Teacher Aide
 - 06 Custodial/Maintenance
 - 07 _____
 - 08 Clerical/Secretarial
 - 09 Food Service
 - 10 Security
 - 11 Other (Specify below) _____

(13) NAME OF COUNTY LOCATION _____	(14) COUNTY CODE _____	(15) NAME OF EMPLOYING DISTRICT _____	(16) DISTRICT CODE _____
PRIVATE HANDICAPPED/NONPUBLIC EDUCATION AGENCY USE ONLY			
(17) NAME OF COUNTY LOCATION _____	(18) COUNTY CODE _____	(19) NAME OF PRIVATE SCHOOL _____	(20) AGENCY CODE _____
			(21) SCHOOL CODE _____

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by N.J.S.A. 18A:6-7.1 et seq. or N.J. S.A. 18A:6-4.13.

FORM "A" – (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS BREAK IN SERVICE)

I, _____ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense or child molestation; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (heft); recklessly endangering another person, terrorist threats, criminal restraint, luring or enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief; burglary, usury, threats and other improper influence, perjury and false swearing; resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

FORM "B" – (CURRENT EMPLOYEES CHANGING DISTRICTS – BREAK IN SERVICE UNDER 180 DAYS)

I, _____ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense or child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder; or a simple assault involving the use of force which results in bodily injury.

Signature of Applicant _____ Telephone No. _____ Date _____ Notary _____