



WINOOSKI SCHOOLS
We are the future.

--CRC Cover Sheet--

Please complete form in its entirety

Date: _____ Secondary Dissemination: Yes _____ No _____

Name: _____

Position: _____ WSD Supervisor/Contact: _____

State Purpose for Building Access: (i.e. Education or Employment) _____

Supporting: (Circle) District JFK Middle School High School

Contact information:

Address: _____

Address: _____

City: _____

State: _____

ZipCode: _____

Phone Number: _____

Email Address: _____

VERMONT CRIMINAL RECORD CHECK
Winooski School District
INFORMATION SHEET

**THIS PROCEDURE MUST BE FOLLOWED PRIOR TO
EMPLOYMENT/VOLUNTEERING**

**Employment with the district is contingent upon a satisfactory
criminal records check.**

1. A Fingerprint Authorization Certificate (FAC) MUST be filled out and returned to the WSD along with a CASH payment of either **\$13.25** for employment purposes or **\$11.25** for volunteer purposes. A representative from the District Office will verify that you have paid the fee on the FAC form. You will also be asked to complete a Release Form authorizing us to complete the process. You will take the FAC with you to be printed and leave the Release Form with the District Office. Please see details below for office hours.
2. Go to an identification center for fingerprinting (with the FAC form in hand). **Please call for an appointment** (See list of locations attached). There is a **\$35.00** charge for this service.

YOU MUST SHOW TWO (2) FORMS OF ACCEPTABLE ID:

- (1) Photo ID - passport, military ID, photo license, non-driver photo ID
- (2) SS card, birth/marriage certificate, professional license, insurance card, non-photo driver's license, school/employee ID card.

You will be given a receipt showing that you have paid for the fingerprints. **The receipt needs to be returned to the District Office.**

3. Please remember that although your employment may commence prior to receiving the results of the Criminal Records Check, **it may not begin until you have completed the steps above and presented the receipt to the District Office.**

FOR PERSONS WHO HAVE UNDERGONE A FINGERPRINT SUPPORTED CHECK IN THE PAST YEAR: If you have had a Criminal Records Check done for another school district in the past 12 months, the WSD will be able to request the results of that check from them. You will need to fill out a Release Form and a VOE for us to obtain the results of your criminal record check.

Open Office Hours for the WSD:

To make an appointment please call Cathy Bray at 802-383-6016.

Monday	12:30pm - 2:30pm
Wednesday	9:00am - 12:00pm
Thursday	12:30pm - 2:30pm

Locations for Fingerprinting:

Chittenden County Sheriff	802-863-4341
Winooski Police Department	802-655-0221
Burlington Police Department	802-658-2704
UVM Police Department	802-656-3473
Williston Police Department	802-878-6611
Vergennes Police Department	802-877-2201
South Burlington Police Department	802-846-4111
Shelburne Police Department	802-985-8051
Washington County Sheriff's Office	802-223-3001
St. Albans Police Department	802-524-2166



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VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE

*****APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.***

* Agency Code: **00430**

REASON FINGERPRINTED: **(CHECK ONLY ONE)**

Adoption Education NCPA–Employment NCPA–Volunteer Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES:

DOB: _____ SSN: _____ GENDER: FEMALE MALE OTHER

PLACE OF BIRTH: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont, I have resided or been employed in the states circled below:

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT
NB(NE) NV NH NM OH OR RI SC TN UT WV WY

I certify that I have read the Privacy Act Statement attached and acknowledge the authority, purpose and uses for which my fingerprints are being taken as described in that statement.

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: _____ Date: _____

Print Name/Title: _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____

ATTN: ID Center's the following fields are required * before prints can be taken

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification of Procedures to Update an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.



TITLE 16 REQUEST FOR CRIMINAL RECORD CHECK

___ First Submission
___ Request for Secondary Dissemination from: _____
(name of school that completed original record check)

Please note: It is the responsibility of the applicant to prove continuous employment at an approved/recognized school inside the state of Vermont with no break of service of one year or more since the original Criminal Record Check submission.

APPLICANT: _____
Last Name First Name Middle Name

MAIDEN OR OTHER NAMES USED: _____

ADDRESS: _____

GENDER: ___ RACE: ___ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____
CITY/TOWN STATE COUNTRY

DATE OF BIRTH: _____ TELEPHONE NUMBER: _____

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions per the VSA, Title 16, Chapter 5, Subchapter 4, which may be maintained by the Vermont Crime Information Center, the criminal record repositories or other states where I have been employed or resided, and the FBI. In addition to Vermont, I have resided or been employed in the following states:

I understand that the results of that check will be made available to: _____ for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: _____ DATE: _____
(Signed in the presence of school official or notary)

IDENTITY VERIFIED BY: _____ DATE: _____
(Signed by official making identification)



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RELEASE FOR SUBSCRIPTION SERVICE

Pursuant to Title 16, Chapter 5, Section 255 recognized Supervisory Union or Recognized School Officials are entitled to receive criminal conviction record information on an applicant applying for employment for an educational facility. Title 20, Chapter 117, Section 2064 now allows an educational facility to receive conviction information on any criminal record with applicant permission during the course of employment. **(NOT TO BE USED FOR NCPA-EMPLOYMENT OR NCPA-VOLUNTEERS)**

PLEASE PRINT CLEARLY & LEGIBLY

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

_____ I give permission for the educational facility above to receive updates to my criminal conviction record via VCIC's subscription service

_____ I **do not** give permission for the educational facility above to receive updates on my criminal conviction record.

I understand that this criminal record information will be used for reviewing my suitability for employment/ continued employment. I further understand that within 30 days of receiving the results of the record check or update, I have the right to appeal the findings in writing to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

SIGNATURE: _____

DATE: _____

This form is to be kept on file in your office for audit purposes. **DO NOT RETURN THIS FORM TO VCIC.**



2/12/19



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REQUEST FOR SECONDARY DISSEMINATION

REQUEST FOR SECONDARY DISSEMINATION INSTRUCTIONS: Place this form on your school or supervisory union letterhead. This form should be completed by an applicant in the presence of a Department of Education, Supervisory Union, Recognized School official, or notary public. A secondary dissemination may only be obtained from the school of origin.

Requesting School: _____

School of Origin: _____

I, _____ hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant: _____ Date: _____
(Signed in the presence of School Official or notary public)

Identity Verified by: _____ Date: _____
(Printed name of School Official making identification)

Signature of School Official: _____

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

Form 1 Revised 1/10

WINOOSKI SCHOOL DISTRICT, 60 NORMAND ST., WINOOSKI, VT 05404

PHONE (802) 655-0485 FAX (802) 655-7602 www.wsdvt.org



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PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicted on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and FBI's Blanket Routine Uses. Routine uses include, but are not limited to disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
AND
Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

FORM C

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: Male Female
LAST FIRST Middle Initial

Address: _____

Last four digits of social security number: XXX-XX-_____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

WINOOSKI SCHOOL DISTRICT
Security Data Information

Last Name: _____ First Name: _____ MI: _____ Suffix (Jr./Sr./III)

Social Security Number: _____

Please provide accurate and complete information in response to the following questions. This information will be taken into account the employment process. Do not include in response to any of the questions below: arrests without convictions, convictions or incarcerations for which a record has been sealed or expunged. **Please note that a criminal record will not necessarily disqualify you from employment.**

1. In the last seven years, have you been convicted or pleaded guilty to a crime or other offense? Include military service convictions or guilty pleas. _____ YES _____ NO

2. Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea? _____ YES _____ NO

If you answered "yes" to any of the above questions, please provide the following information for each situation. If not please go directly to question number 3 below.

a) The date, place of the offense and charge: _____

b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea: _____

c) If you have been in prison, the name and location of the facility or facilities in which you served your sentence: _____

d) Any rehabilitative efforts undertaken while in prison or following release (e.g., education, employment, counseling, etc.): _____

e) Any other information that you believe is pertinent to our full understanding of this matter: _____

3. Are you presently under indictment or are you currently a defendant in any criminal proceeding.
____ YES ____ NO

If you have answered "yes", please provide the following information:

a) The date and place of the occurrence leading to the indictment or pending charge, and the charge: _____

4. Have you ever had a state license suspended or revoked? _____ YES _____ NO

a) In what profession was your license suspended or revoked? _____

Please read carefully before signing below:

You are advised that the Winooski School District will request that a report be prepared to verify the information provided above. Your signature below authorizes the District to obtain these reports. Your signature further reflects your understanding that any misrepresentation or deliberate omission of a fact in this Security Data Information will justify terminating consideration of your application or, if employed, terminating your employment.

Signature of Applicant: _____ Date: _____