

(Effective January 1, 2019)

FOR ALL PAID EMPLOYEES, PAID CONTRACTORS WITH UNSUPERVISED CONTACT & STUDENT TEACHERS

CRIMINAL RECORD BACKGROUND CHECK INSTRUCTIONS

As required by law, our supervisory union requires that all new employees must complete a criminal record background check. Our procedure is that until all requirements for providing the necessary documentation to begin the background check have been met, an employee will not be placed on payroll.

- 1. Complete 2 forms: Request for Criminal Record Check and Fingerprint Authorization Certificate.** The forms require that you bring at least two (2) valid forms of identification, one of which must be a photo identification, to have your identity verified by a school or WCUUSD representative. **Do not sign the forms until you show your identification.**
- 2. Bring the forms, your identification and a check or money order** (no cash) for **\$13.25 made payable to Washington Central Unified Union School District (WCUUSD)** to one of our schools.
- 3. Call the Washington County Sheriff's Department** for an appointment to be fingerprinted. They are located at 10 Elm Street in Montpelier, **223-3001**. (If this location is not convenient, please ask us about other approved sites.) **You must bring the Sheriff your original Fingerprint Authorization Certificate signed by a school representative in order to be fingerprinted.** There is a \$35.00 fee required at the time of fingerprinting.
- 4. It is the employee's responsibility to be re-fingerprinted as soon as possible if the FBI rejects their fingerprints. We will notify you if your prints are returned. Failure to cooperate could result in going off payroll until you comply.**
- 5. If you have already done the criminal record check at another school (and not had more than a one year break from working in a Vermont school), you need only appear in person at one of its schools with identification in order to complete the Request for Secondary Dissemination. You will not need to pay or be fingerprinted again as long as the school can send WCUUSD your background report.**

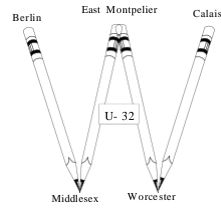
If you have any questions, please contact WCUUSD 229-0553, ext 302.

Washington Central Unified Union School District

WCUUSD exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.

1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

Meagan Roy
Superintendent



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: 02070

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.

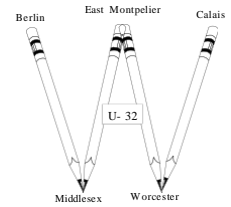
Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 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.

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REQUEST FOR SECONDARY DISSEMINATION

Requesting School: Washington Central Unified Union School District

School of Origin: _____

1. Applicant: _____
Last Name First Name Middle Name

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 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.