Rye Neck Schools

AFFIDAVIT

STATE OF NEW YORK

COUNTY OF WESTCHESTER

1. I am an applicant for a position as a _____ in the Rye Neck Union Free School District. I make the following representations as an inducement to the District to consider my employment application.

2. I have been advised, and understand, that New York State Law requires, as part of the application process for this position, that I receive clearance for employment from the New York State Education Department.

3. I have also been advised, and further understand, the New York State Law requires that, as part of the clearance process, and as a condition of my employment by the District, I be fingerprinted for purposes of a criminal history check by authorized personnel of a designated fingerprinting entity.

4. I hereby represent to the Rye Neck Union Free School District that I have already caused my consent form, fingerprint cards, and the requisite fee to be forwarded to the New York State Department of education as part of the clearance process.

5. I hereby further represent to the Rye Neck Union Free School District that *(select one or more)*:

   ☐ A. The criminal history check will reveal that I have no criminal history.

   ☐ B. The criminal history check will indicate that I have been convicted of a crime.

   ☐ C. The criminal history check will indicate that I have a pending criminal charge.

6. If my answer to 5(B) is in the affirmative, I hereby provide the following details explaining my answer (include at a minimum, the date(s) of your conviction(s) and/or charge(s), for what crime(s) you were convicted or charged, the jurisdiction(s) by which you were convicted or charged, and whether you have been issued a certificate of relief from disabilities of good conduct with regard to any of the convictions:

   _____

   _____

   _____

   _____

7. I understand that my completion and submission of this Affidavit is just one of part of the employment application process. I further understand that even if the results of my fingerprint check confirm representations contained in this Affidavit, the District has no obligation to employ me. Finally, I certify that my statements in this Affidavit and in any explanatory enclosures are, to the best of my knowledge and belief, true and correct. And, any omission and/or misstatement of any material fact(s) may be cause for the District to: (a) refuse to hire me, (b) revoke an offer of conditional employment, and/or (c) terminate me if I have been hired.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

Sworn to before me this ___ day of _____, 20___.

_____
NOTARY PUBLIC