

**MONROE #1 BOCES**  
**41 O'CONNOR ROAD FAIRPORT, NEW YORK 14450**

**AFFIDAVIT OF CRIMINAL RECORD INFORMATION**

**To be used in accordance with conditional and emergency conditional appointments**

**Instructions:**

This form is to be completed by all applicants prior to employment. The completed form must be attached to the application form for all employment positions.

**Part 1** is completed and signed by the Director of Human Resources after the applicant has been recommended for a position. **Part 2** is completed in full by the applicant before a Notary Public. Notary Public services are available in the BOCES Payroll & Personnel Offices.

**Part 1**

**Certification by the Director of Human Resources**

I approve the fingerprint processing of the within named applicant in the title of \_\_\_\_\_.

\_\_\_\_\_  
Director of Human Resources      Date

**Part 2**

**Affidavit**

1. I \_\_\_\_\_, now reside at \_\_\_\_\_  
(Print Your Name) (Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Telephone Number)
2. My Social Security Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.
3. I have applied for employment with Monroe #1 BOCES in the position title of \_\_\_\_\_, and I agree to complete the process of being fingerprinted for a criminal record investigation as required by New York State Education Law and Commissioner's Regulations.
4. I understand that the New York State Education Department will conduct an investigation to determine whether I have any criminal record and will evaluate that record. I agree to accept employment on a conditional or an emergency conditional basis until completion of this investigation. I further understand that if I have been convicted of a criminal offense, or if any criminal charges are pending against me, my employment with Monroe #1 BOCES may be terminated in accordance with the Regulations of the Commissioner of Education.

5. Put a check mark next to all that apply:

\_\_\_ I have never been convicted of a criminal offense and no criminal actions are pending against me. \_\_\_\_\_.

(Please Initial)

\_\_\_ I have been convicted of the following criminal offenses. Please explain and include the date of the conviction(s); crime(s) of which you were convicted; the jurisdiction(s) in which you were convicted; and whether you have been issued a relief from disabilities or a certificate of good conduct with regard to the conviction(s):

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\_\_\_ I have a pending criminal charge(s) against me. Please explain and include the date and jurisdiction of the charge: \_\_\_\_\_

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6. I understand and agree that I am required to notify Monroe #1 BOCES immediately of any changes to the information I have submitted in my employment application or in this Affidavit. Failure to do so will result in immediate dismissal.
7. I certify that the statements contained herein and in any explanatory enclosures are, to the best of my knowledge and belief, true and correct, and that any omission and/or misstatement of any material fact(s) may be cause for Monroe #1 BOCES to: (a) revoke my conditional appointment; (b) revoke my emergency conditional appointment; (c) revoke my appointment; (d) refuse to hire me; and/or (e) terminate me if I have been employed.
8. In the event that I decide to not accept offered employment with Monroe #1 BOCES after I have been fingerprinted, I agree to pay the fingerprint fee of \$99.00.

\_\_\_\_\_  
Applicant (Sign Name in Full)

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\*\*\*\*\*Office Use Only\*\*\*\*\*

Approved for Employment: \_\_\_\_\_  
Director of Human Resources Date

Data Entered into Record: \_\_\_\_\_  
Operator Date





# OSPRA 102 (1/03)

## Clearance For Employment Request Form

Type or Print All Information

### Office of School Personnel Review and Accountability

NYS Education Department  
987 Education Building Annex  
Albany, NY 12234  
ph: (518) 473-2998 fax: (518) 473-8812  
[www.highered.nysed.gov/tcert/ospa](http://www.highered.nysed.gov/tcert/ospa)  
[OSPRA@mail.nysed.gov](mailto:OSPRA@mail.nysed.gov)

#### Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

### SECTION 1

Name: (Last, First, Middle Initial)	Social Security Number:	Date of Birth: (00/00/0000)	
Mailing Address	City	State	Zip

### SECTION 2

(This section **MUST** be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates."
- Make no other marks in the box below or the box to the right of this space.

OSPRA Processing Dates

*This section no longer applies, clearance is done on-line via the TEACH system. March 2006.*

(leave blank)

First 6 digits of school BEDS or CS-ID #:  
Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:

269100

Title of position employee will be placed in:

Signature of employer representative or fingerprint contact person:

Coleen R. Webster

Date:

Telephone # of fingerprint contact person:

585-383-6681

### SECTION 3

- I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
- I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998.

I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer

Signature:

Date:

### SECTION 4

Submit request for Clearance  
Via the TEACH System.

OSPRA