

The Arc of Monmouth

Information and Authorization for Criminal Background Checking

As you know, your work with The Arc of Monmouth carries a great deal of responsibility. Whether you will be working in an administrative capacity, working directly with the people we serve, or both, the impact you have on the Agency's operation is significant.

As such, you are advised that the Agency requires that a background check, which provides information contained in a criminal history, be performed on all prospective employees and volunteers who may have contact with individuals with intellectual and developmental disabilities. This information will be maintained with the highest levels of confidentiality; access is restricted to you, your Department Head, Executive Staff, and the Director of Human Resources.

Please be advised that your offer of employment, and/or offer of volunteer work, is contingent upon our receipt of the criminal history information included in the background check. Should the criminal history check reveal information which is, in Arc's judgement, contrary to standards which can be reasonably expected of a person holding your position, the Agency reserves the right to deny your application for employment or volunteer position. You will be notified in writing if there is any adverse information provided to us in the criminal background screening. In the case of employment, you will have thirty (30) days to pursue a formal appeal, in writing, of the denial of employment.

Should you be interested in reviewing your completed background check, please send your request, in writing, to the Director of Human Resources and a copy of the report will be forwarded to you. If you have any questions regarding your criminal background check, contact the Director of Human Resources.

Please read and sign this authorization and the attached INFORMATION FOR OBTAINING CRIMINAL BACKGROUND form and return them to the Personnel Recruiter.

I hereby authorize The Arc of Monmouth and its affiliated entities to obtain consumer reports and/or investigative consumer reports in connection with my application for employment or volunteer position with The Arc of Monmouth. I authorize all former employers, listed references, law enforcement agencies and courts to release to The Arc of Monmouth and/or their representatives information pertaining to me. By providing this authorization, I hereby release The Arc of Monmouth, its affiliated entities, employees and agents from all liability for requesting and/or acting based on any such report and release all other parties from liability for furnishing such information.

Date: _____

Signature: _____

Witness: _____

The Arc of Monmouth

INFORMATION FOR OBTAINING CRIMINAL BACKGROUND CHECK

The following information is being requested as part of our procedures for obtaining a criminal background check for applicants being considered for employment or volunteering. The information you supply below will not be used for any other purpose.

Last Name First Name Middle Name (Jr., Sr., Etc.)

List all other names used Social Security Number

Current Address City State Zip

Home Phone Number

List all cities, states, and the dates where you have lived or worked for the past 10 years.

City	State	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Office Use Only

Date of Birth: _____

Exhibit 510-B

COMMUNITY AGENCY HEAD, EMPLOYEE, CONSULTANT AND INTERN CERTIFICATION,
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the state and federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services. Check one of the options listed below.

Option 1 _____ I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 _____ I hereby affirm that I have been convicted of the following offense listed below _____ on _____ (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment, consultation or internship.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, C. 358:

In New Jersey, any crime or disorderly person offense:

-involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children
- x. Sexual assault
- xi. Criminal sexual contact
- xii. Lewdness
- xiii. Robbery

-against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

CIVIL LIABILITY FOR ABUSE

Please check one of the options listed below:

Option 3 _____ I hereby certify under penalties of perjury, that I have not been held civilly liable for abuse of a developmentally disabled person receiving services from the Division of Developmental Disabilities or placed in a community residence.

Option 4 _____ I hereby affirm that I have been adjudged civilly liable on _____ for abuse of a person with developmental disabilities receiving services from the Division of Developmental Disabilities or placed in a community residence.

If I have checked Option 4, or if at any time it is revealed that I have been held civilly liable for abuse of a developmentally disabled person, I understand that this is grounds for denial of employment, consultation or internship or termination from employment, consultation, or internship.

Employee Name (please print)

Employee Signature

Date

Witnessed by (please print)

Witness Signature

Date