

**VERMONT CRIMINAL RECORD CHECK**  
**Winooski School District**  
**INFORMATION SHEET**  
**Effective 1/1/19**

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

1. A Fingerprint Authorization Certificate (FAC) MUST be filled out and returned to the Central Office along with a CASH payment of either **\$13.25** for employment purposes or **\$11.25** for volunteer purposes. A representative from the Central 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 Central Office.
  
2. Go to an identification center for fingerprinting (with the FAC form in hand). **Please call for an appointment.** There is a **\$25.00** 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

CHITTENDEN COUNTY IDENTIFICATION CENTERS:

Chittenden County Sheriff's Office  
70 Ethan Allen Dr.  
So. Burlington, VT 05403  
863-4341

You will be given a receipt showing that you have paid for the fingerprints. **The receipt needs to be returned to the Central 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 Central Office. Employment with the district is contingent upon a satisfactory criminal records check.

FOR PERSONS WHO HAVE UNDERGONE A FINGERPRINT SUPPORTED CHECK IN THE PAST YEAR:

If you have had a Criminal Records Check done in another district in the past 12 months, Winooski will be able to request the results of that check from them. You will need to fill out a Release Form for us to obtain the results of your criminal record check.

**WINOOSKI SCHOOL DISTRICT  
60 NORMAND ST.  
WINOOSKI, VT 05404  
P: (802) 383-6000 F: (802) 655-7602**

**VERMONT CRIME INFORMATION CENTER  
FINGERPRINT AUTHORIZATION CERTIFICATE  
45 State Drive, Waterbury, VT 05671**

\*\*\***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:

Adoption  Education  NCPA–Employment  NCPA–Volunteer  Secretary of State

NAME: \_\_\_\_\_  
Last First Middle

MAIDEN/OTHER NAMES:

\_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER:  FEMALE  MALE

PLACE OF BIRTH:

\_\_\_\_\_ Town State Country

TELEPHONE NUMBER: \_\_\_\_\_

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR PA RI SC TN UT WV WY

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: \_\_\_\_\_

**IDENTIFICATION CENTER USE ONLY:**

**TVT: \_\_\_\_\_ Date Printed: \_\_\_\_\_**



**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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## 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 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](http://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

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**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**



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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.**



# WINOOSKI SCHOOL DISTRICT

## Security Data Information

Social Security Number: \_\_\_\_\_

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

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. **If you have answered "yes", please provide the following information:** \_\_\_\_\_ YES \_\_\_\_\_ NO
    - 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: \_\_\_\_\_