# aple Unified School District

#### INSTRUCTIONS FOR FINGERPRINTING

### You MUST go to the MRUSD Central Office <u>BEFORE</u> going to the Police Department

The Maple Run Unified School District (MRUSD) conducts criminal records checks (fingerprinting) on all new employees according to 16 V.S.A. § 255. **Employment with MRUSD is contingent upon the results of this criminal records check**. Please read the following information regarding the process:

#### Step one:

Candidates for hire and volunteers working on any MRUSD campus must come to the Maple Run Unified School District's Central Office and fill out a Vermont Criminal Information Center Fingerprint Authorization Certificate. The fee of \$14.00, if being employed, or \$12.00 for volunteers is required at the time of application and can only be paid by credit/debit card or check made payable to: Maple Run Unified School District. Two forms of personal identification (i.e. VT Driver's License; original social security card; passport; birth certificate or military I.D.) must be presented.

#### Step two:

The Vermont Criminal Information Center Fingerprint Authorization Certificate, **signed by school official and completed**, must be brought with you to the fingerprint center for your fingerprints to be processed. The fee at the fingerprint center will be \$35.00, form of payment required may vary depending on location. Applicants must bring at least two forms of identification with them, one of which must be a photo ID. For a list of fingerprint centers in your area please request it, an appointment is required.

#### Step three:

Immediately following the fingerprinting, you will need to bring a copy of your receipt or FAC showing that you have had your fingerprints taken. Candidates or volunteers must provide a copy of the receipt or proof to the MRUSD *prior* to beginning work/assignment. Failure to do so will result in termination of assignment until they are secured.

#### **Step four:**

The Vermont Department of Public Safety will process your criminal record check. Although you may commence employment with the MRUSD upon completion of Steps 1-3, your employment is contingent upon criminal record check results and review by the Superintendent.

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 Criminal Information Center, 103 South Main Street, Waterbury, VT 05671-2101. The results of the C.R.C. will be kept on file at the Superintendent's Office for a period of three years. The results will be destroyed, as per our user agreement with VCIC, after that period of time unless you request in writing that MRUSD retain your record as per 16 V.S.A. § 256(b).

I have read and understand the information provided above.	
Signature	Date



## 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: 00330 REASON FINGERPRINTED: (CHECK ONLY ONE) Adoption Education NCPA-Employment NCPA-Volunteer Secretary of State NAME: Middle MAIDEN/OTHER NAMES: DOB:\_\_\_\_\_SSN:\_\_\_\_\_GENDER: FEMALE MALE OTHER PLACE OF BIRTH: \_\_\_\_\_\_ 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: **MRUSD OFFICE USE ONLY:** 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: \_\_\_\_\_\_Date Printed: \_\_\_\_\_\_

#### **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.

#### Applicant Notification of Procedures to Update an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a> and <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>.