**ATTACHMENT 4**

**COMMUNITY AGENCY HEAD AND WORKER CERTIFICATION**

**PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION**

I hereby agree to undergo 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 Children and Families. Check one of the options listed below. If Option 2 is checked or the criminal background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

**Option 1** – Ihereby 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 |  |
|  | *Offense* |  | *Date* |

**FOR PROVISIONAL WORKER ONLY**

As a provisional worker, I further understand that I may be engaged 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 | viii. | Kidnapping |
| ii.. | Manslaughter | ix. | Interference with custody of children |
| iii. | Death by auto | x. | Sexual assault |
| iv. | Simple assault | xi. | Criminal sexual contact |
| v. | Aggravated assault | xii. | Lewdness |
| vi. | Recklessly endangering another person | xiii. | Robbery |
| vii. | Terroristic threats |  |  |

-- 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 ONLY:**

I understand the results of this background check will be reported to the President of the Board of my agency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| *Name of Board President* | |  | *Address of Board President (Home or Business)* | |
|  | |  |  | |
| **COMMUNITY AGENCY HEAD OR WORKER:** | |  | **WITNESS:** | |
| Name: |  |  | Name: |  |
| Signature: |  |  | Signature: |  |
| Date: |  |  | Date: |  |