APPENDIX A

COMMUNITY AGENCY HEAD AND EMPLOYEE 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 exits 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.

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.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

Employee Name (please print)	Employee Signature Date	

Witness Signature Date

Witnessed by (please print)