

## APPLICANT STATUS FORM

PROVIDER INFORMATION	
Agency/Provider Name	
Street Address	
City, State and Zip Code	
EMPLOYEE/APPLICANT NAME	
Name (last, first, middle initial)	
Date of Birth	Social Security Number
Date of CBC Request	Date of Temporary Employment or Change in Employment Status
TEMPORARY EMPLOYMENT	
<input type="checkbox"/> The employee/applicant is temporarily employed or temporarily retained for volunteer service.	
EMPLOYMENT STATUS	
<input type="checkbox"/> The employee/volunteer was hired. Date of hire _____	
The employee/applicant is no longer subject to the Justice Center Act.	
<input type="checkbox"/> Subject individual was terminated/resigned from employment or volunteer service	
<input type="checkbox"/> Applicant withdrew application for employment/volunteer service	
<input type="checkbox"/> Provider withdrew offer of employment prior to hiring	
<input type="checkbox"/> Subject individual transferred to a position not subject to criminal background check	
<input type="checkbox"/> Other _____	
AUTHORIZED PARTY	
Name	Title
E-Mail Address	
Signature	Date
INSTRUCTIONS	
This form should be completed when an employee, volunteer or contractor is temporarily employed or ceases to be subject to the criminal background check requirements of the Justice Center Act. The form should be completed and returned to OASAS within fourteen (14) days of the employee, volunteer or contractor's change in status. <b>Please e-mail this form to OASAS at <a href="mailto:cbc@oasas.ny.gov">cbc@oasas.ny.gov</a>.</b>	