



Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

INSTRUCTIONS

- 1. Provider must obtain consent from the applicant prior to checking the SEL, SCR, and scheduling fingerprinting.
2. Provider must retain the completed consent form in their files.

Part 1. Applicant Information (Please Print)

Form fields for Applicant Information: Last Name, First Name, MI, Date of Birth, Social Security Number, Applicant address, Facility/Provider.

Part 2. Attestation

- 1. I have been advised that as part of the application process, the law requires the provider agency listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the NYS Office of Addiction Services and Supports (OASAS) to review and evaluate the results of the criminal history information check received by DCJS and FBI.
2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI and consent to OASAS sharing with the provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service.
3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
4. I have been advised that I have the right to withdraw my application for employment or volunteer service without prejudice, any time before employment or volunteer service is offered or declined, regardless of whether the authorized person of the provider agency has reviewed any criminal history information.
5. I have been advised that the results of the criminal history information check forwarded to OASAS by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
7. I certify to the best of my knowledge that I: (check as appropriate)
(a) [] have not been convicted of a crime.
(b) [] have been convicted of a crime in New York State or any other jurisdiction.
(c) [] have pending arrest charges.

If (b) or (c) is checked, provide details: _____

- 8. I have been advised that, as part of the criminal history information check, OASAS will check whether I am in the Statewide Central Register Database which is maintained by the Office of Children and Family Services.
9. I have been advised that my social security number is being requested so that the OASAS provider may check whether I am on the Staff Exclusion List which is maintained as part of the Vulnerable Persons' Central Register and that such check is required by Social Services Law and will be performed prior to the criminal history information check. 14 NYCRR Part 702 provides for the collection of social security numbers for this purpose and the failure to provide my social security number may preclude me from being considered for the position applied for.

Applicant Signature: _____ Date: _____

Part 3. Provider Agency Authorized Person Information

Form fields for Provider Agency Authorized Person Information: Name, Title, Signature, Email.