

## FINGERPRINT REFERRAL FORM

**GENERAL INSTRUCTIONS:** Please print all information clearly on the form. Section I (Certification Referring Official) must be completed by the appropriate office. Section II (Background Questions) must be completed by the applicant. Section III (Employment Eligibility Verification) will be completed by the Office of Personnel Investigation.

OFFICE USE ONLY	
<b>I-9 CODE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Y <input style="width: 30px; height: 20px;" type="text"/>   R <input style="width: 30px; height: 20px;" type="text"/>   A <input style="width: 30px; height: 20px;" type="text"/> </div> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between;"> <div>EXP. DATE ____/____/____</div> <div>EXP. DATE ____/____/____</div> </div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <b>ORG. CODE</b>  <div style="display: flex; justify-content: space-around;"> <div style="width: 30px; height: 20px; border: 1px solid black;"></div> <div style="width: 30px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="width: 60%;"></div> </div>

PLACE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ / \_\_\_\_\_  
FEET INCHES

WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

EYE COLOR \_\_\_\_\_

### SECTION I: BACKGROUND INVESTIGATION IN THE TITLE OF \_\_\_\_\_

Signature of Referring Official \_\_\_\_\_ Office/District \_\_\_\_\_ Telephone Number \_\_\_\_\_

### SECTION II: BACKGROUND QUESTIONS

TODAY'S DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>			SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>					
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> LAST NAME			<div style="border: 1px solid black; width: 100%; height: 20px;"></div> FIRST NAME			<div style="border: 1px solid black; width: 30px; height: 20px;"></div> M.I.		
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> OTHER OR MAIDEN NAME			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> DATE OF BIRTH			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Male Female </div> PLEASE (✓) ONE		

### CHECK THE BOX BELOW WHICH BEST DESCRIBES YOU:

- |  |  |
|--|--|
| 1. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVES  | 3. <input type="checkbox"/> BLACK (Not of Hispanic Origin) |
| 2. <input type="checkbox"/> ASIAN: INCLUDES ASIAN INDIANS, CHINESE, JAPANESE, KOREANS, FILIPINOS, INDONESIANS, AND POLYNESIANS | 4. <input type="checkbox"/> HISPANIC                       |
|  | 5. <input type="checkbox"/> WHITE (Not of Hispanic Origin) |

<div style="border: 1px solid black; width: 100%; height: 20px;"></div> STREET ADDRESS			<div style="border: 1px solid black; width: 30px; height: 20px;"></div> APT. NUMBER		
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> CITY			<div style="border: 1px solid black; width: 30px; height: 20px;"></div> STATE		
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>(AREA)</div> <div>TELEPHONE NUMBER</div> </div>			<div style="border: 1px solid black; width: 30px; height: 20px;"></div> ZIP CODE		
			<div style="border: 1px solid black; width: 30px; height: 20px;"></div> FILE NUMBER (IF ANY)		

E-MAIL ADDRESS \_\_\_\_\_

Answer “YES” or “NO” to the following questions. If your answer to any of these questions is “YES”, explain, giving details, in the space provided below. You must answer these questions truthfully even though you may have disclosed the same information to the Department of Education or another agency on a previous occasion. Please be advised that if you answer “NO” to question #1 and your fingerprint results disclose a conviction record, your application will be denied. Please sign your name at the end of this section.

		YES	NO
1.	Have you ever been convicted of or pled "GUILTY" or pled "NO CONTEST" to any offense in this state or elsewhere? [This includes Felonies, Misdemeanors and Violations. For Felonies or Misdemeanors, you must answer "Yes" if you were convicted or pled guilty or no contest even if your records have been sealed.]		
2.	Are any criminal charges currently pending against you anywhere?		
3.	Have you ever been placed on a state registry as a sex offender in New York State or elsewhere?		
4.	Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?		
5.	Has a warrant been issued by a court requiring that you appear in court?		
6a.	Has a Family Court ever found that you abused or neglected a child? If so, explain below which court issued the finding, the nature of the finding, and when it happened.		
6b.	Are you currently in arrears [4 months or more] for child support payments?		
7.	Have you ever been discharged [fired] or required to resign from any position for reasons other than a layoff due to reduction in the work force?		
8.	Have you ever been denied employment as a result of information obtained following a background check or investigation? If so, explain the reasons for denial of employment below.		
9.	Have you ever resigned or left a job rather than face charges or dismissal?		
10a.	Has an employer ever brought or filed charges against you?		
10b.	If yes, were you found guilty of the charges?		
11.	Have you ever had any professional certificate or license denied, revoked or suspended?		
12.	Have you ever applied for a civil service position, such as police officer or worker for a federal, state, city or local agency, and been notified you do not qualify?		
13.	Have you ever had a teaching license or certificate denied, revoked or suspended by any Education Department: New York City, New York State or elsewhere?		
14.	Have you ever received an unsatisfactory rating or unsatisfactory evaluation for your work in a school?		
15.	Have you ever lost your job as a teacher, or as another pedagogue, before achieving tenure?		
16.	Did you ever receive a discharge from military service for reasons other than an honorable discharge?		
17a.	Are you now, or were you ever employed by the NYC Department of Education? If yes, indicate dates _____.		
17b.	Were you ever fingerprinted by the NYC Department of Education?		

Explanation: \_\_\_\_\_

**Falsifying an employment application is a punishable offense under the Penal Law of New York State.**

\_\_\_\_\_  
Signature of person being fingerprinted

\_\_\_\_\_  
Today's Date

**SECTION III: EMPLOYMENT ELIGIBILITY VERIFICATION**

COMPLETE

☐

EXEMPT

☐

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Signature of Fingerprint Technician