

501 W. University Drive • Rochester, Michigan • 48307 • Phone: 248.726.3000 • Fax: 248.726.3105

# **Individual Contracted Employee**

Date:		
First Name		Last Name:
Contracted	l Company:	
Email:		Phone:
School / D	epartment Assigned To:	
District Co	ntact:	
l am a:		
New contr	racted employee and have never been printe	ed:
— Cc	mplete this form	
Cc	mplete Contractor Data Collection Form	
— Сс	mplete the Michigan Waiver Agreement and	Statement for Schools
	o Must be dated prior to or on the date fi	ngerprinted
— Co	mplete the LIVESCAN Fingerprint Background	d Check Request
	o Will be printed under SE – school emplo	oyment.
Re	eturn all original completed forms to Human F	Resources.
New cont	racted employee and I am a current employe	ee in another K-12 district (with fingerprints).
— Co	omplete this form.	
Co	omplete Contractor Data Collection Form	
Co	omplete the Criminal History Form.	
Re	eturn all completed forms to Human Resource	es

Thank you for your assistance.



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## **CONTRACTED EMPLOYEE DATA REQUEST**

The Center for Educational Performance and Information requires that K-12 institutions report all contracted employees assigned in our district. This requirement includes completing a Fingerprint-based criminal history record and the information below.

All completed information should be submitted to:
Human Resource Offices 501 W. University, Rochester MI 48307 Attn: Jennifer Arsenault.

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
EMAIL:		
GENDER: MF SSN:		DATE OF BIRTH:
RACIAL / ETHNIC CATEGORY: (Please cho	ose ONE)	
American Indian or Alaska Native		Native Hawaiian or Other Pacific Islander
_ Asian American		_ White
Black or African American		_ Hispanic or Latino
SCHOOL ASSIGNED TO:		
ASSIGNMENT:		
DISTRICT CONTACT:		

Thank you for your cooperation.

1.10.2019



## CRIMINAL CONVICTION HISTORY CHECK AND RELEASE FORM

SIGNATURE:

DATE:

I understand that my conditional employment/involvement with the Rochester Community School District is subject to a criminal history check, and/or fingerprinting, that are satisfactory to the Rochester Community School District. I understand that the information below is required by the Michigan State Police and the FBI for the criminal conviction history/record check. I authorize the Rochester Community School District to utilize this information for the sole purpose of obtaining a criminal history/record check.

PLEASE PRINT LEGIE	<u>LY</u>		
NAME:			يعتهم وحاصات بينون حساسات والناب
Last OTHER NAME(s) or	MAIDEN NAME:	First	Middle
DATE OF BIRTH		GENDER: ☐ Male ☐ Female CC	DNTACT PHONE #
POSITION APPLIED I	OR:	DEPARTMENT/CONTRACT (	COMPANY:
		HAT system choices) sian or Pacific Islander Americar	n Indian or Alaskan Native Other
Pursuant to Public A  I have not b  any misdem I have been	Act 68 of 1993, I represent convicted of, none	resent that (you must check one): r pled guilty or nolo contendere (no contest) r	nor am the subject of a finding of guilt by a judge or jury of am the subject of a finding of guilt by a judge or jury of any
I have pend	ing criminal charges (	misdemeanor or felony) and I am awaiting di	isposition as indicated below (use separate sheet if necessar
the Michiga 2. Until the re- employmen 3. If the result representat	n State Police and the sults of the criminal h it status is conditiona s of the criminal histo ion(s) above respecti	e FBI for all potential employees. history/record check are received and reviewed. I. pry/record check, received from either the Mi	al history/record check from the Central Records Division of ed by the Rochester Community School District, my ichigan State Police or the FBI, are not the same as my any crimes of which I have been convicted, my
Complete one of th		t the option of the Rochester Community Sch	TOOL DISTRICT.
I was previo	ously fingerprinted fo at (no break in service		chool district and have maintained regular and continuous rinted. I authorize release of my fingerprints and/or criminal
А	pprox. Date Fingerpri	nted: TCN#	
	chool District Informa		
Р	hone	Address	City, Zip
attached.			ne completed LIVESCAN Fingerprint Request (Form #3) is



## FINGERPRINT REQUIREMENT DIRECTIONS

All employees/contractors of the Rochester School District **must be fingerprinted** prior to their first day of employment/involvement.

## Before you are printed:

- Determine where you want to be fingerprinted.
  - There is a difference in cost, location and availability.
  - o If an appointment is necessary, be sure you make this arrangement.
- Complete the correct form(s) and take it with you to your appointment.
  - The LIVESCAN FINGERPRINT REQUEST form must be completed for all fingerprinting.
- Obtain a copy of the completed Live Scan Form confirming you have been fingerprinted.

## After you are printed:

 PRESENT A COPY OF ALL COMPLETED FORMS INCLUDING YOUR LIVE SCAN TO THE HUMAN RESOURCES DEPARTMENT. You may not begin employment/involvement in the district without evidence that you have met this State of Michigan requirement.

#### FINGERPRINTING OPTIONS

Below are three options for getting fingerprinted. These are only suggestion and you are free use any Live Scan location that best fits your needs.

## Please contact the location for the most current information.

Location & Web Site	Hours of Operation	Fee & Form Required	Form of Payment Accepted	Appt. necessary	Phone Number
Oakland Schools Summit Campus: 2214 Mall Drive East Waterford, 48328 On-Line Reservation for Appointments: www.osfingerprint.com	Check Website for dates/times available	\$68.00 OAKLAND SCHOOLS Form	Pre-Pay Only VISA/Master card (Money Order by special arrangement) NO CASH or PERSONAL CHECKS	Yes On-Line Reservations Only & pre-pay	248-209-2370
Oakland County Sheriff's Office in Oakland County Complex - Pontiac	Monday - Friday 8:30 a.m. to 4:30 p.m.	\$57.00 \$61.00 LIVESCAN Form	CASH Credit Card	Yes	248-858-5011
Morphotrust USA (Multiple locations) www.identogo.com	Monday - Friday Hours vary by location.	\$65.25 LIVESCAN Form	Credit Card NO CASH	Yes	1-866-226-2952

RI-030 (10/2020) Michigan State Police Page 1 of 2 **AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273 **COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

# LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law. Instructions: See page two.

I. Authorizing In			etor/Agon	NID I	2 ^~	ionov Name					1	local:	vidual ID (MMILL O
1. Fingerprint Reason Code SE 2. Requestor/Agency ID 1664T			F	Agency Name     Rochester Community Schools						4	4. Individual ID (MNU-OA		
I. Applicant Inf	formati	on: Type	or clearly	y print a	answ	vers in all fie	lds before g	joing to be fir	ngerprii	nted.			
1a. Last Name				1	lb. Fi	irst Name				1c. Mic	ldle Initia	le Initial 1d. Suffix	
. Any Alternative Na	ames, La	st Names, o	or Aliases						3. S	Social Se	ecurity N	umbe	er (Optional)
. Place of Birth (Sta	ate or Cou	untry)	5. Date	of Birth	h 6. Phone Number 7. Driver's License		cense /	l ise / State ID Numbi		r	8. Issuing State		
. Home Address						10. City					11. Sta	ate	12. ZIP Code
13. Sex 1	4. Race			15. He	Height 16. Weight			17. Eye Color		18.		Hair Color	
II. Live Scan In	format	ion											
. Date Printed	omua	2. Picture	ID Type	Presente	ed		3. Transact	ion Control Nu	ımber (T	CN)	4. Live	Scar	Operator*
V. Privacy Act Authority: Acquis FBI) is generally a	sition, pre	eservation,											
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#### **INSTRUCTIONS**

#### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

#### 1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

#### 2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

#### 3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

#### 4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

#### Section II:

### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

#### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

CONTRACTOR FORM 4 Waiver

RI-088A (02/2017) MICHIGAN STATE POLICE Criminal Justice Information Center **AUTHORITY: MCL 28.242** 

COMPLIANCE: Voluntary; however, failure to complete

this Agreement will result in denial of request.

# MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI)

Background Check Result for a Qualified Entity in Accordance with the

Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (enter name of Qualified Entity)

Rochester Community Schools

to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth			
Address	City		State	ZIP Code	
What is your current or prospective status (check one)?					
☐ Employee ☐ Volunteer ☒ Contractor/Vendor					
Have you ever been convicted of a crime?					
Yes No					
If yes, please provide a description of the crime and the particulars of	the conviction.				
		4	2 44		
I understand that I may be asked to assist with obtaining any and all	official disposition document	ation regarding my	conviction.		
If you are an employee, prospective employee, or a volunteer of a pu qualified entity (i.e. school or management company) for a like purpo					
☐ Yes ☒ No					
Name of Other Qualified Entity N/A					
Signature		Date Signed			

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

This form must be dated on or before the date prints were completed.