CRIMINAL CONVICTION SCREENING PACKET
Mailman Segal Center for Human Development/DCF
SELF-PAID

ALL FORMS IN THIS PACKET MUST BE COMPLETED IN BLACK/BLUE INK

Submit to Statutory

☐ Live Scan Form

Submit to HR Contact

☐ Affidavit of Good Moral Character (To be signed in front of Notary)
☐ Criminal Conviction Screening Form
☐ Privacy Policy Acknowledgement Form

Important

Applicants: Please note that your employment is contingent upon successful completion of a criminal conviction screening. All completed forms must be returned to HR Contact. Any packet not properly completed will be returned to you for completion and may delay your start date.

HR Contacts: Please remember that applicants may not begin working until they have successfully passed the criminal conviction screening.

HR Contact: Lisa C. DiLeila
Department: Mailman Segal Center for Human Development
Phone#: 954-262-7142 or (X) 27142

Revised 4/1/2014
Level 2 – Live Scan Criminal History Background Check Form

Fingerprinting is our Primary Source of Business. Therefore, fingerprinting service comes first and is always top priority for our customers. Why would anyone go to a corner store, packaging company, gas station, or any other office or business where fingerprinting is not their Primary source of business and provide them with your personal and confidential information? Fingerprinting and background screening is of serious and delicate nature and must not be taken lightly. Statutory Fingerprinting is knowledgeable and always available and ready to assist, trouble shoot any errors or problems and answer questions in a professional manner. Statutory Fingerprinting is the name you know and trust for over 19 years and who is here for you. New laws are in effect for state and federal criminal history background check. With the exception of VECHS providers, all results are sent directly to the state regulatory licensing agency and NOT back to our office. If your results are not received within 15 days, you must notify our office immediately. To assist you quickly, please provide us with the TCN number. Provider, please keep track of all background screening information/results in the event you are audited. Thank you for your patronage!

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**Mailman Segal Center for Human Development**

NSU – SELF-PAY-$71.40

Applicant Screening ID# ___________________________ OCA- 10-06-3715-Z

| Name: ___________________________ | Phone #: ___________________________ |
| Place of Birth: ___________________________ | Are you a US Citizen: _______ | Date of Birth: __/__/____ |
| Race: _______ | Sex: _______ | Eye Color: _______ | Hair Color: _______ | Height: ___ feet ___ inches | Weight: _______ pounds |
| Home Address: ___________________________ |

Payment Method: AMEX – MC – VISA – (CASH-EXACT CHANGE)

Applicant Signature: ___________________________ Date: ___________ STOP HERE!

TCN NUMBER: ___________________________

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Statutory Fingerprinting & Notary, Inc.
4121 NW 5th Street, Suite 101
Plantation, Florida 33317
Walk-In Hours
Monday–Friday
9:00am to 12:45pm
2:00pm to 4:45pm
We are located West of I-95 - East of Turnpike - East of I-75 - North of 595
Off of 441/State Road 7 - Between Sunrise Boulevard & Broward Boulevard
One Light North of Plantation General Hospital
We are no longer located in Palm Beach County

Rev. 1/2015, Statutory Fingerprinting L215F-31997

"Peace – Honesty – Respect"
AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of __________________________

Before me this day personally appeared __________________________ who, being duly sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with __________________________, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of not guilty or guilty to have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 383.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 384.453 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.11101 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report such abuse
Section 777.34 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 782.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.07 murder
Section 782.071 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.09 vehicular homicide
Section 784.01 killing an unborn child by injury to the mother
Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
Section 784.02 assault, if the victim of offense was a minor
Section 784.03 battery, if the victim of offense was a minor
Section 787.01 kidnapping
Section 787.02 false imprisonment
Section 787.055 luring or enticing a child
Section 787.06(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.06(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) possessing an electric weapon or device, destructive device, or other weapon on school property
Section 790.16 sexual battery
Former Section 794.041 prohibited acts of persons in familial or custodial authority
Section 794.05 unlawful sexual activity with certain minors
Chapter 796 prostitution
Section 798.021 lewd and lascivious behavior
Chapter 800 lewdness and indecent exposure
Section 805.01 arson
Section 810.02 burglary
Section 810.14 voyeurism, if the offense is a felony
Section 810.145 video voyeurism, if the offense is a felony
Chapter 812 theft and/or robbery and related crimes, if a felony offense
Section 817.583 theft and/or robbery and related crimes, if the offense was a felony
Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04 incest
Section 827.03 child abuse, aggravated child abuse, or neglect of a child
Section 827.04 contributing to the delinquency or dependency of a child
Former Section 827.06 negligent treatment of children
Section 827.071 sexual performance by a child

CONTINUED ON NEXT PAGE
Section 843.01 resisting arrest with violence
Section 843.025 depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12 aiding in an escape
Section 843.13 aiding in the escape of juvenile inmates in correctional institution
Chapter 847 obscene literature
Section 874.05(1) encouraging or recruiting another to join a criminal gang
Chapter 893 drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075 sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40 escape
Section 944.46 harboring, concealing, or aiding an escaped prisoner
Section 944.47 introduction of contraband into a correctional facility
Section 985.701 sexual misconduct with juvenile justice programs
Section 985.711 contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS
In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as "program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:

Relating to:
- felony offenses contained in Chapter 408
- offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
- Medicaid provider fraud
- Medicaid fraud
- attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photoptical systems
- false and fraudulent insurance claims
- obtaining goods by using a 236 false or expired credit card or other credit device, if the offense was a felony
- fraudulently obtaining goods or services from a health care provider
- patient brokering
- criminal use of personal identification information
- obtaining a credit card through fraudulent means
- fraudulent use of credit cards, if the offense was a felony
- forgery
- uttering forged instruments
- forging bank bills, checks, drafts or promissory notes
- uttering forged bank bills, checks, drafts, or promissory notes
- fraud in obtaining medicinal drugs
- the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.
- racketeering and collection of unlawful debts
- the Florida Money 263 Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _______________ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

CONTINUED ON NEXT PAGE
any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT:__________________________________________

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT:__________________________________________

Sworn to and subscribed before me this _____ day of ________, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced:______________________________________
CRIMINAL CONVICTION SCREENING FORM

IMPORTANT – READ BEFORE COMPLETING THIS FORM
Submit To HR Contact

Nova Southeastern University will receive information on all records, including juveniles that have been sealed, expunged, or where adjudication was withheld. To omit a response or to be untruthful in your response, regardless of any previous information received from an attorney, a judge, or any third party will be considered falsification and is a cause for dismissal from employment or consideration for employment.

Name: ___________________________________________ SS#: ___________________
Last First Middle Maiden
Address: ___________________________________________ Email Address: ___________

Phone #: ___________________ Cell #: ________ Dept. Requesting Screening ________ Pos#: _______

At the time of employment your fingerprints will be researched by local, state and federal law enforcement agencies. Sealed or expunged records must be revealed to Nova Southeastern University pursuant to F.S. 943.058. Your employment with Nova Southeastern University is contingent upon the findings of the screening. The following questions must be answered truthfully. A “Yes” answer to any of the following questions does not automatically keep you from being hired. Your omission or falsification of any criminal history, including juvenile incidents, misdemeanors and/or felony will result in your immediate termination.

EXAMPLES OF CRIMINAL OFFENSES: Assault/battery, auto theft, disorderly conduct, domestic violence, DUI/DWI, fraud (welfare/food stamps) loitering, prostitution/solicitation, robbery, shoplifting, theft (grand/petty), trespassing, worthless checks. NOTE: This is not a complete list and is intended to provide examples only. You must list all convictions including juvenile incidents and those in which adjudication was withheld and/or records were sealed or expunged.

Yes ☐ No ☐ 1. Have you ever been convicted of a misdemeanor or felony offense other than a minor traffic violation? Driving under the influence [DUI] and driving while intoxicated [DWI] convictions are not minor and must be reported.
Yes ☐ No ☐ 2. Have you ever been found guilty of a criminal offense?
Yes ☐ No ☐ 3. Have you ever entered a not guilty plea or no contest plea in a criminal proceeding?
Yes ☐ No ☐ 4. Have you ever had a criminal record sealed?
Yes ☐ No ☐ 5. Have you ever had a criminal record expunged?
Yes ☐ No ☐ 6. Have you ever participated in any type of pre-trial intervention/diversion program, including but not limited to community service or probation that resulted in the charges being reduced/dismissed or not prosecuted?
Yes ☐ No ☐ 7. Have you ever had adjudication withheld in a criminal offense?
Yes ☐ No ☐ 8. Are there criminal charges currently pending against you?
Yes ☐ No ☐ 9. Have you ever been imprisoned or jailed in a criminal proceeding?
Yes ☐ No ☐ 10. Have you ever been placed on probation in a criminal proceeding?
Yes ☐ No ☐ 11. Have you ever paid a fine in a criminal proceeding?
Yes ☐ No ☐ 12. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?

****If you answered “Yes” to any questions above, you must explain fully on next page (Incidents)***
Teachers are required to complete questions 13-16

Yes ☐ No ☐ 13. Have you ever had a teaching certificate revoked or suspended? If yes, in what state and when?

Yes ☐ No ☐ 14. Have you ever had sanctions placed on your teaching certificate for any reason?

Yes ☐ No ☐ 15. Have you ever been denied a teaching certificate anywhere?

Yes ☐ No ☐ 16. Is disciplinary action currently pending anywhere against your teaching certificate?

If you answered "Yes" to any question above, you must fully explain below. Be sure to give the name of the state in which your teaching certificate was revoked, suspended, sanctioned, and denied or where action is currently pending against you.

INCIDENT #1

County of Adjudication: _______________________________ Date of Adjudication: ________________

Agency: ____________________________________________

Offense: __________________________________________

Please provide detailed explanation:

_________________________________________________________________________________________

Final disposition: __________________________________________

INCIDENT #2 (Attach more sheets if needed)

County of Adjudication: _______________________________ Date of Adjudication: ________________

Agency: ____________________________________________

Offense: __________________________________________

Please provide detailed explanation:

_________________________________________________________________________________________

Final disposition: __________________________________________
By signing this document I certify that I have carefully read and fully understand each question and that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information requested or any misrepresentation of information requested. I also understand that my fingerprints will be submitted to the Federal Bureau of Investigation for a complete criminal history background check.

By my signature, I authorize Nova Southeastern University to conduct any investigation necessary to verify all information identified on this form. My signature on this document provides for the release of any sealed or expunged records in my name by any court. Included in this grant of authority is my permission to contact any and all former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Office of Human Resources.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my immediate termination, with no opportunity to grieve.

Signature __________________________  Print Name __________________________

Date __________________________
PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

________________________________________
Employee/Contractor Name (Printed)

________________________________________
Employee/Contractor Signature

________________________________________
Date