Sagem Morpho Inc.
SAFRAN Group

WWW.BIOAPPLICANT.COM/NJ

(1) Originating Agency Number (ORI #)	(2) Category	(3) Statute Number
NJ 930100Z	EDV	NJSA/18A: 6-7.2

(4) Reason for Fingerprinting	(5) Document Type	(6) Payment Information
DOE Volunteer	VBI	

(7) Contributor's Case # (Unique Identifier)	(8) Miscellaneous
280450050	

** Important: Please see Acceptable ID Requirements below**

(9) First Name	(10) MI	(11) Last Name

(12)Daytime Phone Number	(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
( ) -				

(17) Maiden Name (if married female)	(18) Place of Birth (State if US Citizen – Country for all others)	(19) Country of Citizenship

(20) Home Address

Address City State Zip

(21) Gender (Select one)	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One)
Male Female Both			A Asian/ Pacific Islander (Includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native

(25) Occupation	(26) Employer (Name)	OUR LADY OF MOUNT CARMEL SCHOOL
	Employer Address	205 Oak Street
	City	Boonton NJ 07005 (State Zip)

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An $11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The $11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj , 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the $11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN

Agency Information #1	Agency Information #2

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

NEW JERSEY STATE DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT
APPLICANT AUTHORIZATION AND CERTIFICATION
NONPUBLIC SCHOOL

PCN _____

(Type or print in ink)

(1) Last Name _____ (2) First Name _____ (3) Middle Initial ___ (3) Social Security Number ___ ___ ___

(5) Date of Birth ___ ___ (Month) ___ ___ (Day) ___ ___ (Year) (6) Sex (Circle One): M F (7) Race (Circle One): W B I A H (Over for Instructions)

(8) Street Address _____ (9) City _____ (10) State ___ ___ (11) Zip ___ ___ ___ ___ ___

(12) Job Category (Circle One):

01 Administrator/Supervisor
02 Classroom Teacher
03 Educational Support Services (Certificated)
04 Substitute Teacher
05 Teacher Aide
06 Custodial/Maintenance
07
08 Clerical/Secretarial
09 Food Service
10 Security
11 Other (Specify below) _____

NONPUBLIC SCHOOL USE ONLY

(13) Name of County location _____ (14) County Code _____ (15) Name of School _____ (16) Four Digit Code ___ ___ ___ ___ (17) School Code ___ ___ ___ ___

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by *N.J.S.A. 18A:6-7.1 et seq.*

FORM "A" – (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS BREAK IN SERVICE)

I, _____ swear/affirm that I have not been convicted or do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense, child molestation; an offense involving the manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, staling, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring, enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

FORM "B" – (CURRENT EMPLOYEES CHANGING DISTRICT – BREAK IN SERVICE UNDER 180 DAYS)

I, _____ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense, child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder, or a simple assault involving the use of force which result s in bodily injury; or in any other state or jurisdiction, a conviction if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in the law.

Signature of Applicant _____ Date _____ Notary _____

COPY DISTRIBUTION: WHITE-DEPARTMENT OF EDUCATION CANARY-APPLICANT PINK-NONPUBLIC SCHOOL GOLDENROD-DUPLICATE

C98-03246