



Public Safety Office

7500 SW 36 St.

Davie, Fl 33314

Telephone # (954)262-8985

Fingerprinting Schedule

Tuesday, Wednesday and Thursday

10:00am-12:00pm

4:00pm- 6:00pm

Saturday

10:00am -12:00pm



NOVA SOUTHEASTERN
UNIVERSITY

Office of Human Resources

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

SUBMIT TO PUBLIC SAFETY

- LIVE SCAN FORM
- VECHS WAIVER AGREEMENT AND STATEMENT
- DIRECTIONS TO STATUTORY FINGERPRINTING AND NOTARY

SUBMIT TO HR CONTACT

- AFFIDAVIT OF GOOD MORAL CHARACTER (TO BE SIGNED IN FRONT OF NOTARY)
- CRIMINAL CONVICTION SCREENING 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.

HRContact: LISA DILELLA Department: MSC Phone# 954 262 7142



NOVA SOUTHEASTERN UNIVERSITY

Office of Human Resources

LIVE SCAN / ELECTRONIC SUBMISSION FORM

PLEASE PRINT ALL INFORMATION CLEARLY & SUBMIT TO PUBLIC SAFETY DEPARTMENT

DATE: _____

NAME: _____ ALIAS/KA _____
LAST, FIRST

D.O.B: ____/____/____ PHONE# (____) _____
YYYY MM DD

PLACE OF BIRTH: (State or Country) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DEPARTMENT REQUESTING FINGERPRINTS: MSC 1-20405 (x) 27142

- Checkboxes for various departments: BSV, Campus Recreation, Camp Nova, CJJ, CPS/Practicum Student, DAIS, ESS/Student, FSE, HPD-ALL, HPD-Clinics, Finance, Advancement, LIB, MOA, MSC, OTHER, OHR, OIIT, PSO, Physical Plant, SAF, SHSS, SASS, UNS

GENDER: Circle one (Male or Female)

RACE: Circle one (American Indian / Alaskan Native, Asian, Black, Unknown, White/Includes Mexican)

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT: _____

SIGNATURE: _____



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must 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 under these laws.

I hereby authorize **NOVA SOUTHEASTERN UNIVERSITY- (NSU)** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record 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 National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

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

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have OR ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___do OR ___do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: NOVA SOUTHEASTERN UNIVERSITY
3301 College Avenue
Fort Lauderdale, Florida 33314 - **Telephone:** 954/262-7850 - **Fax:** 954/262-3811

FDLE Assigned Qualified Entity Number: E06040001 - V06040001

SFN-TCN # 70C11 _____ 00000_____

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
COPY - SEND TO FDLE WITH FINGERPRINT CARD**



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:
(Applicant's/Employee's Name)

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 nolo contendere or guilty to or 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 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	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 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(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) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	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 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	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 817.563	fraudulent sale of controlled substances, 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 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence

CONTINUED ON NEXT PAGE

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 in 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:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	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
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

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

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 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.

CONTINUED ON NEXT PAGE

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 juvenile 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#: _____ DOB: _____
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 nolo contendere 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: _____ County of Adjudication: _____

Agency: _____

Offense: _____

Please provide detailed explanation: _____

Final disposition: _____

INCIDENT #2

County of Adjudication: _____ County 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