

Directions for School District/Entity Considering Applicant for Employment: Each local or regional board of education, governing council of a state or local charter school or an interdistrict magnet school operator is required to obtain the information listed on this form from ALL current or former employer(s) of the applicant if such employer was a local or regional board of education, a governing council of a state or local charter school, an interdistrict magnet school operator or if the employment caused the applicant to have contact with children. Applicants are required under the law to provide a prospective employer with the name, address and telephone number of all current or former employers that meet the above criteria. Information may be collected either through a written communication or telephonically.

Directions for Current/Previous Employer: The applicant listed below is under consideration for a position with the school/district listed below in Section 2. The individual identified below has reported current/previous employment with your organization or contractual services with your organization in a position in which he/she had contact with children. As required by Connecticut General Statutes Section 10-222c, as amended by Public Act 16-67, please provide the information requested in Section 3. In accordance with the provisions of Public Act 16-67, you are required to respond to this request within five business days.

Section 1 – To be completed by the Applicant

Name of applicant	
Former name(s) (if applicable)	
Street address	
City, State, Zip Code	
Approximate dates of employment with employer listed in Section 3 of this form	
Position held with employer listed in Section 3 of this form	

Section 2 – To be completed by the Prospective Employer

Name of prospective employer	City of Waterbury, HR Civil Service
Street address of prospective employer	236 Grand Street, Room #202
City, State, Zip Code	Waterbury, CT 06702
Contact person	Scott P. Morgan, HR Director
Telephone number/email address	(F) 203-574-8087, (W) 203-574-6761, hr@waterburyct.org

Section 3 – To be completed by the Current/Former Employer

Name of employer	
Date of receipt of this notice	
Date of employment of above named applicant	
Contact person	
Telephone number/email address	

To your knowledge, has the Applicant ever:

Yes **No** Been the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation currently pending with any current or prior employer, state agency or municipal police department or which has been substantiated?

Yes **No** Been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?

Yes **No** Had a professional or occupational license, certificate, authorization or permit suspended or revoked or ever surrendered such a license, certificate, authorization or permit while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?

Signature of Superintendent or HR Director

Date

Return all completed information to the Prospective Employer listed in Section 2 of this form.

NOTES:

The terms provided below are currently defined in state law as follows. Please note that statutes may be amended from time to time.

Sexual Misconduct – “any verbal, nonverbal, written or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialog, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature and any other sexual, indecent or erotic contact with a student.” Connecticut General Statutes § 10-222c(k).

Abuse or neglect – “abuse or neglect as described in Section 46b-120, and includes any violation of Sections 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a.” Connecticut General Statutes § 10-222c(k).

AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

DCF-3031
8/19 (Rev.)



<p>I, <i>(Applicant Name)</i>: _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):</p> <p> <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: _____ </p>	<p><i>(This area for DCF Use only)</i></p> <p>Date Processed: _____</p> <p>Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Processor's Initials: _____</p>
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Name of Agency <i>(requesting background check)</i> :	Attention:
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Address: (No. and Street):	City:	State:	Zip:
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I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department of Children and Families in their search.

Applicant Last Name	Applicant First Name:	Middle:	DOB:	SS:
Applicant Address: (No. and Street):	Apartment #:	City:	State:	Zip:
		Years at current address?"		Months
		Years		

List All Previous Applicant Address(es) for the Last Five Years Check if an additional sheet is necessary, and attached

Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From:	Dates To:
					Month Year	Month Year

Other Names I have Used – *Including Maiden, Previous Marriages(s)* Check if an additional sheet is necessary and attached

Last Name	First Name:	Middle:	DOB:	SS:

Name of Spouses/Other Adults in the Home – *Past and Present* Check if an additional sheet is necessary and attached

Last Name	First Name:	Middle:	DOB:

Names of ALL Child(ren) – *Biological, Stepchildren, Including Adult Children In or Out of the Home* Check if an additional sheet is necessary and attached

Last Name	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown

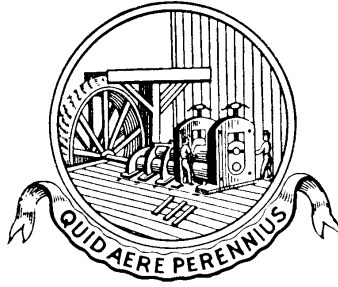
Do you have an active DCF investigation at this time? Yes No Do you have an active appeal of a DCF investigation at this time? Yes No

Applicant Signature:	Date:
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This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or clearly will be returned. Do not leave any blank spaces. Please specify with "N/A" if not applicable. ****DCF Conducts a Search of the CT Registry ONLY**** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

How To Submit: Email: DCF.BackgroundCheck@ct.gov | Fax: 860-560-7071 | Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106

Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.



**The City of Waterbury
Connecticut**

*Department of Human Resources
Office of the Civil Service Commission*

**DEFERRAL OF DEPARTMENT OF CHILDREN AND FAMILIES (DCF) CHILD
PROTECTIVE SERVICES (CPS) SEARCH**

EMPLOYEE NAME: _____

POSITION / TITLE: _____

SUPERVISOR NAME: _____

DATE: _____ / _____ / _____

The above named applicant / employee has certified that he / she is not listed as a perpetrator of abuse or neglect on the Department of Children and Families child abuse and neglect registry. The supervisor has indicated that there is an immediate need for the services of this applicant / employee and that the employee will be closely supervised.

The applicant / employee and the employer have submitted to DCF CPS Search and the school district is currently waiting for official clearance from the appropriate investigative bureaus. With this waiver, the applicant / employee may commence work while awaiting the results of this search.

The applicant / employee understands that this is a conditional arrangement dependent on the outcome of the DCF CPS Search process. Furthermore, the employee agrees that if the results of the DCF CPS Search are unfavorable, then grounds for termination will be in order.

Requested By: _____

Employee Signature: _____

Approved By: _____

**Scott Morgan
Director of Personnel**