Employment and/or Volunteer Services with Milton Town School District is contingent upon the results of this criminal records check. Please read the following information regarding the process:

Step one:
Candidates/Substitutes and/or Volunteers who are members in this school district must come to the Human Resource’s office and fill out a Vermont Criminal Information Center Fingerprint Authorization Certificate. The fee of $13.25 is required at the time of application and can be paid by cash or a check made payable to: Milton Town School District. Two forms of personal identification (i.e. Vt. Driver’s License; original social security card; passport; birth certificate or military I.D.) must be presented.

Step two:
The Chittenden County Sheriff’s Department is available for fingerprinting. They are open from 10:00 a.m. to 3:00 p.m. Tuesday - Thursday. Please call the Chittenden County Sheriff’s Department to make an appointment 802-863-4341. The completed Vermont Criminal Information Center Fingerprint Authorization Certificate must be brought with you to the Chittenden County Sheriff’s Department for your fingerprints to be processed. The charge will be $25.00 cash only. Applicants must bring at least two forms of identification with them, one of which must be a photo ID.

Step three:
Immediately following the fingerprinting, you will need to bring a copy of your receipt or Fingerprint card showing that you have had your fingerprints taken. Candidates or volunteers must provide a copy of the receipt or fingerprint card to the Human Resource Coordinator prior to beginning work/assignment. Failure to do so will result in termination of assignment until they are secured.

Step four:
The Vermont Department of Public Safety will process your criminal record check. Although you may commence employment upon completion of Steps 1-3, your employment is contingent upon criminal record check results and review by the Superintendent.

I have read and understand the information provided above.
VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE
45 State Drive, Waterbury, VT 05671

**APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.**

Agency Code: 00353

REASON FINGERPRINTED:

☐ Adoption ☐ Education ☐ NCPA–Employment ☐ NCPA–Volunteer ☐ Secretary of State

NAME:

Last

First

Middle

MAIDEN/OR OTHER NAMES:

DOB: _______________ SSN: _______________ GENDER: ☐ FEMALE ☐ MALE

PLACE OF BIRTH:

Town

State

Country

TELEPHONE NUMBER:

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR PA RI SC TN UT WV WY

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

☐ Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: ___________________________ Date: __________________

IDENTIFICATION CENTER USE ONLY:

TVT: ___________________________ Date Printed: ___________________________

**ATTN:** ID Center’s the following fields are required *before prints can be taken
RELEASE FOR SUBSCRIPTION SERVICE

Pursuant to Title 16, Chapter 5, Section 255 recognized Supervisory Union or Recognized School Officials are entitled to receive criminal conviction record information on an applicant applying for employment or volunteering for an educational facility. Title 20, Chapter 117, Section 2064 now allows an educational facility to receive conviction information on any criminal record with applicant permission during employment.

PLEASE PRINT CLEARLY & LEGIBLY

NAME: ____________________________________________

DATE OF BIRTH: __________________________________

PLACE OF BIRTH: __________________________________

____ I give permission for the educational facility above to receive updates to my criminal conviction record via VCIC’s subscription service.

____ I do not give permission for the educational facility above to receive updates on my criminal conviction record.

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE: __________________________ DATE: __________
CONSENT FOR RELEASE OF REGISTRY INFORMATION

Full Name: ________________________________ Gender: _____
LAST FIRST Middle Initial

Address: ____________________________________________

City ___________________________ State ___________ Zip Code ___________

Phone number: __________________________ Last four digits of social security number: __________

Birth Date: ________________ Place of Birth: __________________________
City ___________________________ State __________________________

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases):
________________________________________________________________________
Print Only

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases):
________________________________________________________________________
Print Only

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to: Milton Town School District

Applicant or Volunteer Signature ______________________ Date __________

Agency Signature ______________________ Date __________
Milton Town School District

12 Bradley Street, Milton, VT 05468-3097, Human Resource Office (802) 893-5304, Fax: (802) 893-3020

Amy Rex
Superintendent

Terry Mazza
Human Resources

REQUEST FOR SECONDARY DISSEMINATION
(Only fill this form out if you have had fingerprinting done for another Vermont School District)

Requesting School: Milton Town School District

School of Origin: __________________________

Applicant: __________________________________________

Last Name
First Name
Middle Name

DOB: __________________________ last four #'s of Social Security Number: __________________________

Other First or Last Names: __________________________

I, (Print Name) __________________________ hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

I, __________________________
(Signature)

Date: __________________________

Identity Verified by: __________________________ Date: __________________________

(Printed name of official making identification)

Signature of School Official: __________________________

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

Great Schools, Strong Community, Successful People