



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 (*enter Name of Qualified Entity*) SCHOOL BOARD OF BROWARD COUNTY 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: SCHOOL BOARD OF BROWARD COUNTY

Address: 600 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33301

Telephone: 754-321-0725 Fax: 754-321-0930

FDLE Assigned Qualified Entity Number: V06020013

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

**The School Board of Broward County, Florida
SECURITY BACKGROUND CHECK**

IMPORTANT – READ BEFORE COMPLETING THIS FORM

The School Board of Broward County 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.**

THIS FORM MUST BE TURNED IN WITH YOUR APPLICATION FOR EMPLOYMENT.

NAME _____ **SS#** _____
Last First Middle Initial Maiden

ADDRESS _____ **PHONE** _____
Street APT# City State Zip

EMAIL _____ **CELL** _____

FINGERPRINTING INFORMATION

BIRTH DATE: _____ **STATE, COUNTRY OF BIRTH:** _____

RACE: Asian/Pacific Islander Black Caucasian Hispanic/Latino
 Native American (American Indian, Eskimo, Alaskan Native) Other _____

GENDER: Male Female **HAIR:** Black Blonde Brown Gray Red Bald
EYES: Blue Brown Green Hazel Black Gray **HEIGHT:** _____ **WEIGHT:** _____

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 the School Board of Broward County pursuant to F.S. 943.058. Your employment with the Broward County School District is temporary and probationary pending successful processing of your fingerprints. 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, or any disclosure required by this form, is a cause for dismissal from employment or consideration for employment.**

- Yes No 1. Have you ever been convicted of an offense (misdemeanor or felony) 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 question above, you must fully explain on reverse side of the form.

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/expunged.

- 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?
- Yes No 17. Have you ever been dismissed or asked to resign from employment?

If you answered "Yes" to any question above, you must fully explain below.

If you answered "Yes" to 14-16, you must give the name of the State where your teaching certificate was revoked, suspended, sanctioned, denied or where action is currently pending against you.

INCIDENT #1 (Request 2nd sheet if more than one incident)

If Arrested, Where?: _____ Date of Arrest: _____

Arresting 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 the Broward County School Board 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 Security Clearance Office. **All monies received as part of the fingerprinting process are non-refundable.**

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested is a cause for dismissal from employment or consideration for employment.

Signature of Applicant

Date

OFFICE USE ONLY:

Job Location: _____

Job Title: _____

ADDITIONAL CRIMINAL RECORD INFORMATION

Name _____ Soc Sec No. _____

INCIDENCE #2

If Arrested, Where?: _____ Date of Arrest: _____

Arresting Agency: _____

Date of Arrest: _____

Offense: _____

Final Disposition: _____

Please provide detailed explanation: _____

INCIDENCE #3

If Arrested, Where?: _____ Date of Arrest: _____

Arresting Agency: _____

Date of Arrest: _____

Offense: _____

Final Disposition: _____

Please provide detailed explanation: _____