



**FINGERPRINT REFERRAL FORM**

**GENERAL INSTRUCTIONS:** Please print all information clearly on the form. Section I (Certification Referring Official) must be completed by the appropriate office. Section II (Background Questions) must be completed by the applicant. Section III (Employment Eligibility Verification) will be completed by the Office of Personnel Investigation.

| FOR OFFICE USE ONLY                                       |           |                |   |
|---|-----------|----------------|---|
| <b>I-9 CODE</b>   |           | ORG. CODE      | <input style="width: 100%;" type="text"/>               |
| Y <input style="width: 20px; height: 20px;" type="text"/> |           | CODE           | <input style="width: 20px; height: 20px;" type="text"/> |
| R <input style="width: 20px; height: 20px;" type="text"/> | EXP. DATE | ____/____/____ |   |
| A <input style="width: 20px; height: 20px;" type="text"/> | EXP. DATE | ____/____/____ |   |

**SECTION I: CERTIFICATION BY REFERRING OFFICIAL**

I am referring \_\_\_\_\_  
 for fingerprint and background investigation in the title of \_\_\_\_\_

Signature of Referring Official \_\_\_\_\_ Office/District \_\_\_\_\_ Telephone Number \_\_\_\_\_

**SECTION II: BACKGROUND QUESTIONS**

TODAY'S DATE:     
 Month Day Year

SOCIAL SECURITY NUMBER:  -  -

LAST NAME:

FIRST NAME:     
 Month Day Year

M.I.   
 Male Female

OTHER OR MAIDEN NAME:

DATE OF BIRTH:     
 Month Day Year

PLEASE (✓) ONE:  Male  Female

**CHECK THE BOX BELOW WHICH BEST DESCRIBES YOU:**

- 1.  AMERICAN INDIAN/ALASKAN NATIVES
- 2.  ASIAN: INCLUDES ASIAN INDIANS, CHINESE, JAPANESE, KOREANS, FILIPINOS, INDONESIANS, AND POLYNESIANS
- 3.  BLACK (Not of Hispanic Origin)
- 4.  HISPANIC
- 5.  WHITE (Not of Hispanic Origin)

STREET ADDRESS:

APT. NUMBER:

CITY:

STATE:

ZIP CODE:

(AREA)  -  -  TELEPHONE NUMBER

FILE NUMBER (IF ANY):

E-MAIL ADDRESS \_\_\_\_\_



# OSPRA 103 (11/01)

## Authorization to Forward Criminal History Record Information to the City School District of the City of New York

Type or Print All Information

### Office of School Personnel Review and Accountability

NYS Education Department  
987 Education Building Annex  
Albany, NY 12234  
ph: (518) 473-2998 fax: (518) 473-8812  
[www.highered.nysed.gov/tcert/ospra](http://www.highered.nysed.gov/tcert/ospra)  
[OSPRA@mail.nysed.gov](mailto:OSPRA@mail.nysed.gov)

Instructions to Applicant: Please complete Sections 1 and 2 and mail the form to the New York City Board of Education (NYCBOE) address in Section 4.

Please Note: This form is to be filed by individuals who have submitted, or are in the process of submitting their fingerprints to the New York State Education Department and are seeking employment with the NYCBOE.  
*Inaccurate information will delay processing.*

### SECTION 1

|                                |                                   |          |            |
|--------------------------------|-----------------------------------|----------|------------|
| Name: (Last)                   | (First)                           | (Middle) | Sex: (M/F) |
| Home Address: (Street, Apt. #) | Social Security Number:           |          |            |
| City, State, Zip:              | Telephone: (Area Code and Number) |          |            |
| E-mail Address:                | Date of Birth: (Month, Day, Year) |          |            |

### SECTION 2

I hereby authorize the Commissioner of Education to forward the content of my criminal history record as secured from DCJS and the FBI to the NYCBOE as a condition of my employment application with the NYCBOE. I further understand that the Commissioner of Education is authorized to forward subsequent criminal history notifications received from DCJS to the NYCBOE.

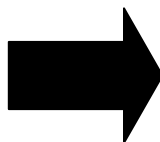
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3

Signature of NYCBOE Office of Personnel Investigation Representative: \_\_\_\_\_

### SECTION 4

# MAIL TO:



**Division of Human Resources**  
Office of Personnel Investigation  
65 Court Street  
Brooklyn, New York 11201  
Ph: (718) 935-2633 Fax: (718) 935-2726

**INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
  - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

|  |       |  |                                |
|--|-------|--|--------------------------------|
| Print Name: Last   | First | Middle Initial   | Maiden Name                    |
| Address (Street Name and Number)   |       | Apt. #   | Date of Birth (month/day/year) |
| City   | State | Zip Code   | Social Security #              |
| <b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b> |       | I attest, under penalty of perjury, that I am (check one of the following):<br><input type="checkbox"/> A citizen or national of the United States<br><input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____)<br><input type="checkbox"/> An alien authorized to work until ___/___/___<br>(Alien # or Admission #) _____ |                                |
| Employee's Signature   |       |  | Date (month/day/year)          |

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

| List A                                | OR | List B      | AND | List C      |
|---------------------------------------|----|-------------|-----|-------------|
| Document title: _____                 |    | _____       |     | _____       |
| Issuing authority: _____              |    | _____       |     | _____       |
| Document #: _____                     |    | _____       |     | _____       |
| Expiration Date (if any): ___/___/___ |    | ___/___/___ |     | ___/___/___ |
| Document #: _____                     |    |             |     |             |
| Expiration Date (if any): ___/___/___ |    |             |     |             |

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

|  |   |                       |
|--|---|-----------------------|
| Signature of Employer or Authorized Representative | Print Name  | Title                 |
| Business or Organization Name                      | Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

**Section 3. Updating and Reverification.** To be completed and signed by employer.

|                             |  |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                       |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

## LISTS OF ACCEPTABLE DOCUMENTS

| LIST A   | LIST B                                   | LIST C   |
|--|--|--|
| <b>Documents that Establish Both Identity and Employment Eligibility</b>   | <b>Documents that Establish Identity</b> | <b>Documents that Establish Employment Eligibility</b>   |
| <ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>INS Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)</li> </ol> | OR                                       | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; margin: 0;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> |
|  | AND                                      | <ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>INS Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)</li> </ol>   |

Illustrations of many of these documents appear in **Part 8** of the Handbook for Employers (M-274)

Answer “YES” or “NO” to the following questions. If your answer to any of these questions is “YES”, explain, giving details, in the space provided below. You must answer these questions truthfully even though you may have disclosed the same information to the Department of Education or another agency on a previous occasion. Please be advised that if you answer “NO” to question #1 and your fingerprint results disclose a conviction record, your application will be denied. Please sign your name at the end of this section

|      |  | YES | NO |
|------|--|-----|----|
| 1.   | Have you ever been convicted of or pled “GUILTY” or pled “NO CONTEST” to any offense in this state or elsewhere? (i.e. Felonies, Misdemeanors and Violations, except minor traffic infractions.) |     |    |
| 2.   | Are any criminal charges currently pending against you in this state or elsewhere?   |     |    |
| 3.   | Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?  |     |    |
| 4.   | Has a Family Court ever rendered a finding indicating you have abused or neglected a child? If so, Explain below the date and nature of the finding, which court and the name of the judge.      |     |    |
| 5.   | Have you ever had any professional certificate or license denied, revoked or suspended?  |     |    |
| 6.   | Have you ever been discharged or required to resign from any position for reasons other than a layoff due to reduction in the work force?  |     |    |
| 7a.  | Have charges ever been preferred against you by an employer?   |     |    |
| 7b.  | Were you found guilty of the charges?  |     |    |
| 8.   | Have you ever resigned as an alternative to facing charges or dismissal?   |     |    |
| 9.   | Have you ever been disqualified for employment in any civil service position?  |     |    |
| 10.  | Have you ever had a teaching license or certificate denied, revoked or suspended by the Board of Examiners or Department of Education because of unsatisfactory service or criminal record?      |     |    |
| 11.  | Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?  |     |    |
| 12.  | Have you ever been discontinued from probationary service or denied tenure as a pedagogical?   |     |    |
| 13.  | Did you ever receive a discharge from military service, which was issued under other than honorable circumstances?   |     |    |
| 14a. | Are you now, or were you ever employed by the NYC Department of Education?<br>If yes, indicate dates _____.  |     |    |
| 14b. | Were you ever fingerprinted by the NYC Department of Education?  |     |    |

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Falsifying an employment application is a punishable offense under the Penal Law of New York State.**

\_\_\_\_\_  
 Signature of person being fingerprinted

\_\_\_\_\_  
 Today's Date

**SECTION III: EMPLOYMENT ELIGIBILITY VERIFICATION**

COMPLETE  EXEMPT

\_\_\_\_\_  
 Signature of Examiner

\_\_\_\_\_  
 Signature of Fingerprint Technician