

# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any criminal convictions. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime?  NO  YES

If you answer YES, attach a signed statement indicating the nature and circumstances of the crime, the date and location in which it occurred.

If you answer NO and you are wrong, your answer will be considered as **not true** and held against you. You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed; set aside or the sentence was suspended.

**I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.**

FACILITY NAME <b>Alpha Connection Youth &amp; Family Services</b>		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER <sup>1*</sup>	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

\*Please see Privacy Statement on reverse side.

**Instructions to Licensees:**

*If the person discloses a history with a criminal conviction, the licensee shall review the person's attached statement and discuss it with the licensing evaluator. Such a review is in addition to the licensee's statutory obligation to "...endeavor to ascertain the previous employment history of person's required to be fingerprinted under this subdivision. " 2*

*Maintain this form in the facility personnel file. Send a copy to Licensing only if part of an application or if requested specifically to do so.*

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the information Practices Act of 1977 (Civil Code Sections 1798 Et Seq.), notice is given for the request of the Social Security Number (SSN) on this form.

The California Department of Social Services is required to conduct a criminal record check by Health and Safety Codes Sections 1522, 1568.09, 1569.17 and 1596.871. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check. No disclosure of personal information will be made unless permitted by the Federal Privacy Act and the California Information Practices Act. Pursuant to Civil Code Section 1798.24(e), disclosure may be made to another state or law enforcement agency or governmental entity.

If you have any questions about this from, or want access to any personal information maintained on you by this Department, please contact your local licensing office.

**2 Health and Safety Code sections: 1522 c , 1568.09 c , 1569.17 c , 1596.871 c .**

