RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

CRIMINAL RECORDS AFFIDAVIT

_____ _____
Applicant's Name Date of Birth

_____ _____
Address

Have you ever been convicted of any offense in the appendix of the regulations under CRIMINAL RECORDS CHECKS, DISQUALIFYING INFORMATION?
[ ] Yes [ ] No

If yes, please explain: _____ _
_____
_____
_____

I, the undersigned, attest that the informati on contained in this affidavit is complete and accurate and understand that any false representation may be cause for denial or termination of employment or denial or revocation of licensure or certification. I further agree to apply to the BUREAU OF CRIMINAL IDENTIFICATION OF THE STATE POLICE FOR A NATIONWIDE CRIMINAL RECORDS CHECK prior to beginning employment. I also understand the Department and/or
employer will receive information relating to the results of the criminal records check. I understand if there is a question as to the conviction information, I am entitled to appeal to the FBI. If there is a question as to my denial or termination of employment or denial or revocation of licensure or certification due to the results of the criminal records check, I am entitled to appeal to the DEPARTMENT ADMINISTRATIVE HEARING OFFICER.

_____ _____
Applicant Date

*Subscribed and sworn to before me_____ personally appeared the _____day of _____, 2004.

_____
Notary Public

(DCF 109)