



Franklin West Supervisory Union

4497 Highbridge Road, Fairfax, VT 05454

Phone: (802) 370-3113 Ext.100 Fax: (802) 370-3115

Thank you for your interest in working for our school district.

Attached are the necessary forms that must be completed. **Please complete all 3 forms & then contact Tammy Lutz at (802) 370-3113 Ext.100 to make an appointment.**

If you have **NOT** been fingerprinted, **you must meet with Tammy prior to going to be fingerprinted to obtain the correct documents.**

Items to bring with you when you meet with Tammy are as follows:

- A picture Identification (such as a driver's license or passport)
- A check in the amount of **\$12.00** made payable to **FWSU** (or exact cash) to cover the "Vermont Criminal Background Check" fees.

Again, thanks for your interest!

The FWSU office is located in Georgia, on the corner of Routes 7 & 104A.

(Just south of Exit 18)



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Human Resources

4497 Highbridge Road, Fairfax, VT 05454

Phone: 802-370-3113 ext 105

Fax: 802-370-3115 | Email: hr@fwsu.org

**VERMONT CRIMINAL INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE (FAC)**

ATTENTION: Before going to your fingerprint appointment, you must first pay a \$16.50 fee by check to FWSU and have form signed by FWSU staff to bring with you. The Criminal Record Check Center WILL NOT process fingerprints without this signed form.

REASON FINGERPRINTED: **Education**

Agency Code: 00333

NAME: _____
Last First Middle

ALIAS: _____

DOB: _____ SSN: _____

POB: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states:
(please circle all states that apply)

CO HI IL MA MS MT NH RI UT WA WY

APPLICANT SIGNATURE : _____

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.

FWSU AGENCY STAFF SIGNATURE: _____ DATE: _____

IDENTIFICATION CENTER USE ONLY:
TVT: _____ Date Printed: _____
IDENTIFICATION CENTER STAFF – Mail these forms to:
VCIC – 103 S. Main Street, Waterbury, VT 05471, Attn: CRC Program



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CRIMINAL RECORD CHECK RELEASE FORM

Request for Criminal Record Check

Last Name:		First Name:		Middle Initial:
Maiden/Alias:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race/Ethnicity:	Date of Birth:	
Town of Birth:	State:	Current Phone Number:	Social Security Number:	

Request for Secondary Dissemination

Supervisory Union or Department of Education:

Title 16 Release Statement

I, _____ (print name), hereby acknowledge and agree to a check of any record of criminal convictions as per VSA, Title 16, Chapter 5, Subchapter 4 which may be maintained by the Vermont Criminal Information Center, the criminal record repositories of other states where I have been employed and/or resided and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

I understand that the results of this check will be made available to Franklin West Supervisory Union for use in reviewing my suitability for employment and that my employment is contingent upon a satisfactory criminal record check. Any routine costs associated with the process will be borne by me. I further understand that this process may take some time to complete and although my employment may commence prior to the completion of this required process, my continued employment is nonetheless contingent upon a satisfactory criminal record check. Additionally, I understand that within 30 days of receiving the results of a criminal record check, I have the right to appeal the findings to:

Vermont Criminal Information Center, Department of Public Safety
103 South Main Street, Waterbury, VT 05671-1201

Applicant Signature:	Date:
Identity Verified By: (Print Name/Signature):	Date:

INITIAL SUBMISSION

RESUBMISSION

