

Legacy Empowerment Services
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MEMO

To: Legacy Empowerment Services Staff
From: Anthony Perez, anthony.perez@legacynj.org, (848) 667-1323
CC: Mayra Martinez, mayra.martinez@legacynj.org
Date: 10/26/2020
Re: Required Fingerprint Procedure

- a. Contact IDEMIA by calling the toll free number (1-877-503-5981) or by logging onto <https://uenroll.identogo.com> to arrange for an appointment. It is important to arrive promptly at the designated time. The telephone lines are open between the hours of 8:00 AM and 5:00 PM Eastern Standard Time, Monday through Friday and Saturday from 8:00 am-12:00 noon.
 - b. Enclosed is the **Fingerprint Service Code Form** which has the coded needed to schedule your appointment. Bring this form with you to your appointment.
 - c. At the fingerprint site, you will be required to show one government issued photo identification (such as a driver's license with a photo or passport) that includes name, address and date of birth.
 - d. Once fingerprinted IDEMIA will provide you with a receipt. The receipt will display a UEID. **Sign the enclosed Appendix A in front of a witness and email a photocopy of the IDEMIA receipt to Anthony.perez@legacynj.org.**
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Fingerprint Service Code Form

Service Name: Agency Name

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

2F16S7

When prompted, please enter the following:

Contributor Case Number: _____ PC 3334

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Coastguard Merchant Mariner Card
- U.S. Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

IMPORTANT! Retain your receipt of fingerprinting and return promptly to your employer.



Don't have access to the Internet? You can still schedule an appointment by calling **877.503.5981**.

**APPENDIX A
COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF
INFORMATION**

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the state and federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services.

Check one of the options listed below.

Option 1 _____ I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 _____ I hereby affirm that I have been convicted of the following offense listed below _____
on _____.
(date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, C. 358:

In New Jersey, any crime or disorderly person offense:
-involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children

- x. Sexual assault
- xi. Criminal sexual contact
- xii. Lewdness
- xiii. Robbery

-against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

Employee Name (please print) Employee Signature

Witnessed by (please print) Witness Signature