**STATE OF RHODE ISLAND**

**DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

**Criminal History Affidavit**

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| Applicant's Name: |       |
|  |
| Date of Birth: |       |
|  |
| Address: |       |
|  |       |
| Have you ever been arrested for or convicted of any offense set forth in DCYF Policy 900.0040, Criminal Records Checks Addendum – Disqualifying Information? |  [ ]  Yes  | [ ]  No |
|  |
| If yes, please explain: |       |
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I, the undersigned, attest that the information 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 or local 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 DCYF Administrative Hearing Officer.

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| Applicant Signature: |  | Date: |       |
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| Subscribed and sworn before me on this date |  |
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|  |
| Notary Public |