

## Township of Bethlehem Procedure for the Processing of Recreation Commission Background Checks

Each Sports Commissioner is to provide the Township Administrator with a list of names of the volunteers and the sport(s) they will be coaching. It will be one application per volunteer even if they are involved in more than one sport. For example: if Joe Smith is coaching soccer and basketball, he will be assigned an application from the current sport they are volunteering for.

The Township Administrator will provide an application form for each volunteer with their name and an assigned number.

The Township Administrator will give the assigned applications to each Sports Commissioner for distribution to the volunteers.

The volunteer is to complete the application and then schedule an appointment online or by phone. See Exhibit "A"

Online: [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

By Phone: Sagem Morpho call center toll free at 877-503-5981

The applicant should follow the instructions outlined in the handout "What to Bring to your Appointment". See Exhibit "B".

The applicant can only go to an approved Sagem Morpho facility for the fingerprinting.

The closest fingerprinting facility in the Bethlehem Township vicinity is:

Hagedorn Psychiatric Hospital  
200 Sanatorium Road  
Glen Gardner, NJ 08826

Monday & Tuesday: 9:00 AM – 4:50 PM  
2<sup>nd</sup> Saturday & 4<sup>th</sup> Saturday of each month: 9:00AM – 4:50 PM  
Additional appointments may be available, please see the schedule.

(All locations can be seen at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj))

Note: Applicants will not have to provide any monies/form of payment for the fingerprinting. The cost for each applicant will be paid through the Megan Kanka Foundation. At the time of scheduling the appointment, the applicant will be asked for the code listed in Box 2 on the top of the application. This code indicates the Foundation is to be billed. It is also stated in Box 2 on the bottom of the form. The applicant will be responsible for any fees incurred if for any reason the applicant fails to comply with the requirements regarding appointments and or misses the deadline to cancel or reschedule an appointment. The Township will be billed by the Foundation for these fees and in turn will collect them from the applicant.

At the appointment, the applicant will give the technician the appropriate identification and their application. The technician will process and attach a receipt to the application and return it to the applicant. The processed original application with receipt must be returned to the Township Administrator by the applicant. The Administrator will forward all processed applications with receipts attached to the Kanka Foundation. The Sagem Morpho application requires the applicants Social Security number, however, prior to the Administrator sending the processed forms to the Kanka Foundation the Social Security number will be blacked out.

Once the application is processed the State will send the Township Administrator one of two generic letters; non-disqualifying or disqualifying. NO personal information or details will be disclosed. See Exhibits "C" & "D".

If the Township receives a disqualifying letter, the applicant may obtain a copy of their record from the State Bureau of Identification, Volunteer Review Operation in writing using the Criminal History Record Release Form. See Exhibit "E".



WWW.BIOAPPLICANT.COM/NJ

(1) Originating Agency Number (ORI #) <b>NJ920610Z</b>		(2) Category <b>KFB</b>		(3) Statute Number <b>15A:3A-1</b>	
(4) Reason for Fingerprinting <b>YOUTH SERVING ORGANIZATION VOLUNTEER</b>				(5) Document Type <b>VB2</b>	(6) Payment Information <b>\$26.25</b>
(7) Contributor's (6 Character VRN#) <b>K10003 KANKA</b>				(8) Miscellaneous <b>04082</b>	
<b>** Important: Please see Acceptable ID Requirements below**</b>					
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number		(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)		(18) Place of Birth (State - US Citizen - Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address					
(21) Gender (Select one)		(22) Hair Color (indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One)	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Both				<input type="radio"/> A Asian/ Pacific Islander ( includes Asian Indian) <input type="radio"/> B Black <input type="radio"/> W White ( Includes Hispanic/Spanish Origin) <input type="radio"/> U Unknown <input type="radio"/> I American Indian / Alaska Native	
(25) Occupation		(26) Employer (Name)			
		Employer Address			
		City			
		State			
		Zip			

**APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.**

**ACCEPTABLE ID REQUIREMENTS - ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.**

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj), 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5961 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1 <b>KANKA FOUNDATION VOLUNTEER</b>	Agency Information #2 <b>SAGEM MORPHO TO BILL KANKA FOUNDATION</b>		

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**



**Sagem Morpho Inc.**  
SAFRAN Group

## What to Bring to your Appointment

1. Your **completed Universal Fingerprint Form** (#NJAPS2 Version 3.0). This should have been provided by the state agency or employer requesting you to be fingerprinted.
  2. **Acceptable ID.** Identification must include photo, name, address (home/employer) and date of birth. Acceptable ID must be issued by federal, state, county or municipal entity for identification purposes. The identification presented can not be expired, it must be valid. The ID **MUST** meet all of the above requirements and **MUST** be present on one ID. Combinations of documents are **NOT** acceptable. Examples of acceptable ID are:
    - ▶ Valid photo driver's license or photo ID issued by a state Department of Motor Vehicles or the New Jersey Motor Vehicle Commission for identification purposes.
    - ▶ Valid Passport
  - ~~3. If you scheduled your appointment over the phone, and agreed to pay by money order, you will need to bring your money order for the correct amount, made payable to Sagem Morpho. No other form of payment is accepted at the fingerprint site.~~
- ~~▶ More information about money orders~~

N/A

You will be turned away from the fingerprint site without being fingerprinted if you can not present proper ID and a completed Universal Fingerprint Form (#NJAPS2 Version 3.0), if you present incorrect payment amount/method, or if the information on your form does not match the information you provided when your appointment was scheduled.

If you are turned away from the printing site, you will incur an additional **fee** to reschedule your appointment. A refund will be issued for the state and federal search fees only (see Refund Policy).



## **Refund Policy Applicable to Sagem Morpho, Inc. Fingerprint Service**

**Full Refund** (Full refund includes all search fees and the vendor fee selected at the time of scheduling.):

- A full refund will only be issued for appointments cancelled before noon (12 P.M.) EST, one (1) business day prior to the scheduled appointment.
- A full refund will be issued for appointments cancelled before noon (12 P.M.) EST on Saturday for appointments scheduled for Monday only.

**Partial Refund** (Partial refunds are for state and federal search fees selected at the time of scheduling. The vendor fee is not refunded.):

- A partial refund will be issued for any missed appointment when the applicant fails to appear at the scheduled date, time, and location.
- A partial refund will be issued for appointments cancelled after noon (12 P.M.) EST, one (1) business day prior to the scheduled appointment.
- A partial refund will be issued to an applicant who is not printed or is turned away from the scheduled location due to their inability to produce the required, completed Universal Fingerprint Form (#NJAPS2 Version 3.0) or an Acceptable ID as outlined on the Universal Fingerprint Form (#NJAPS2 Version 3.0).
- A partial refund will be issued to an applicant who is not printed or is turned away from the scheduled location because the information provided during the scheduling process does not match the information provided on the Universal Fingerprint Form (#NJAPS2 Version 3.0).
- A partial refund will be issued to an applicant who is turned away from a site other than the site at which they were scheduled.

### **No Refund:**

- No refund will be issued due to the failure of Federal and/or State agencies to process the applicant's request for a background check. Rescheduling does not result in a refund.
- Sagem Morpho is not responsible for background searches that are performed based on incorrect requests that are the result of completed Universal Fingerprint Form (#NJAPS2 Version 3.0) that contain incorrect agency information. No refund will be issued.

All refunds will be automatically issued back to the credit card or bank account provided at the time of scheduling. If payment is made with a money order, please contact the NJ Applicant Project Accountant at 518-724-5222 for refund.

**In all events, Sagem Morpho's total liability shall be limited to, and shall not exceed, the amount actually paid by the applicant to Sagem Morpho, Inc.**

Refund Policy subject to change without notice.

# EXHIBIT "C"

Name:

DOB:

Dear Sir/Madam:

In accordance with the provisions of Public Law 1999, Chapter 432, the above subject's fingerprints have been examined by the New Jersey State Police and the Federal Bureau of Investigation. The examination does not reveal a disqualifier enumerated in Public Law 1999, Chapter 432.

Any question concerning the above should be directed to the State Bureau of Identification, Volunteer Review Operation at (609) 882-2000, extension 2762.

FOR COLONEL JOSEPH R. FUENTES  
SUPERINTENDENT

Sincerely,  
Commanding Officer  
Identification and Information Technology  
Section

By:

Bureau Chief, State Bureau of Identification

# EXHIBIT "D"

Name:

DOB:

Dear Sir/Madam:

In accordance with the provisions of Public Law 1999, Chapter 432, the above subject's fingerprints have been examined by the New Jersey State Police and the Federal Bureau of Investigation. The examination revealed the following results for which you may choose to disqualify this subject as a volunteer or employee in your organization:

- A conviction in New Jersey or any other jurisdiction for one of the offenses enumerated in Public Law 1999, Chapter 432.
- The State Bureau of Identification is unable to obtain a disposition on one of the offenses enumerated in Public Law 1999, Chapter 432, and would, therefore, not make a recommendation.

If the subject of the record wishes to obtain a copy of their criminal history record, they must contact the State Bureau of Identification, Volunteer Review Operation in writing using the Criminal History Record Information Release Form.

FOR COLONEL JOSEPH R. FUENTES  
SUPERINTENDENT

Sincerely,

Commanding Officer  
Identification and Information Technology

By:

Bureau Chief, State Bureau of Identification

**NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION (SBI)  
VOLUNTEER REVIEW OPERATION**

**REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION RELEASE FORM  
(Type or print all information)**

**A. NAME AND ADDRESS OF ORGANIZATION REQUESTER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VRN:** \_\_\_\_\_

**B. AUTHORIZATION BY SUBJECT OF REQUEST**

**NAME AND ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT PCN:** \_\_\_\_\_

I hereby request any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the purpose of VRO Fitness Review.

Any records(s) received shall be used solely for the authorized purpose for which it was obtained.

The records will be destroyed immediately after it has served its authorized purpose(s).

I am aware that the SBI will rely upon the accuracy and truthfulness of the information provided in this request for the purpose of VRO Fitness Review.

\_\_\_\_\_  
Type or print name of authorized person making certification

\_\_\_\_\_  
Signature of authorized person making certification

Mail Completed Form To:  
New Jersey State Police  
SBI, VRO Program  
PO Box 7068  
West Trenton, NJ 08628