

Applicant Information - READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for check and credit card payments. Your account will be charged at the time you schedule. A fee of \$14 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The \$14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPS1 V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at www.bioapplicant.com/nj 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM and Saturday, 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No other form of payment will be accepted at the fingerprint site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

Date/Time of Appointment	Applicant Id Number
PCN	Payment Confirmation

(1) First Name		(2) Middle Initial		(3) Last Name	
(4) Daytime Telephone Number () - () - ()		(5) Social Security Number		(6) Date of Birth	(7) Height
(9) Maiden Name (if married female)			(10) Place of Birth (State for US Citizens - Country for all others)		(11) Country of Citizenship
(12) Home Address					
Address		City		State Zip	
(13) Gender (select one) Male Female Both		(14) Hair Color (indicate most predominant color, one only)		(15) Eye Color	
				(16) Race (select one) A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown	
(17) Occupation			(18) Employer Name and Address NIDC, POB 130, Route 72, New Lisbon, NJ 08064		
NOTE: Items 19-25 to be completed by employer or agency.					
(19) Statute Number NJSA 30:4-3.6			(20) Reason for Fingerprinting HUMAN SERVICES EMPLOYMENT		
(21) Originating Agency Number (ORI#) NJ 920540-Z			(22) Contributor's Case Number (Agency Unique Identifier) DE 0303		
(23) Category HSK			(24) Document Type RB2		
ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMV OR NJ MVC, 2) PASSPORT OR IMMIGRATION ID, 3) FEDERAL, STATE, COUNTY OR MUNICIPAL EMPLOYMENT ID.			(25) Payment Information NJ DHS PAYS; NO FEE REQUIRED FROM APPLICANT/EMPLOYEE.		

NAME:

Last

First

M.I.

Have you ever been found guilty of any Criminal Activity, i.e. Felony, Disorderly Person or Misdemeanor?
_____ YES _____ NO

If you checked YES, please complete the following:

Date of Conviction: _____

City/State of Conviction: _____

Please give detailed description of the incident:

I realize that I am subject to dismissal if I falsely answer the above question.

You must contact Sagem Morpho to schedule your fingerprint appointment within 1 week of today's date. After your appointment is scheduled, contact Karen at (609) 726-1000 x4630 with your Applicant ID# assigned to you by Sagem Morpho. After you are fingerprinted, you must call Karen with your PCN#.

Failure to comply with any part of this process, within the established timeframes, may disqualify you for employment.

Date

Signature

REVIEWED BY:

Date

Signature