

**BALTIMORE COUNTY GOVERNMENT
INSTRUCTIONS FOR COMPLETION OF
EMPLOYMENT BACKGROUND INVESTIGATION FORMS**

Instructions: Print, complete, and sign the following documents:

- 1) Authorization and Release for the Procurement of a Consumer and/or Investigative Report;
- 2) Employment Background Investigation Form;
- 3) Statement of Criminal Conviction, Probation before Judgment, or Pending Criminal Charge; and
- 4) Form I-9 Employment Eligibility Verification (Complete Section I **only**).

You will **NOT** automatically be disqualified if you have a criminal conviction, guilty plea, probation for judgment (PBJ), or finding of not criminally responsible (NCR). The factors that will be considered in making a determination about your suitability for employment include:

- The type of crime
- The frequency of violations and/or a pattern of offenses
- The time elapsed since the conviction or disposition
- The applicant's age at the time of conviction or disposition
- The duties of the job

We do not expect each and every applicant to have a perfect past. However, it is important for you to answer all questions thoroughly and provide complete and factual information pertaining to any conviction, guilty plea, probation before judgment (PBJ), finding of not criminally responsible (NCR), or pending charges. Failure to disclose the above information constitutes falsification of your application and will disqualify you from employment, regardless of the seriousness of the offense. You do not need to include expunged charges or juvenile charges.

Employment Background Application Form and Statement: If you are unsure about certain dispositions that may be in your criminal history record, you are advised to contact the court or courts where your information may be retained, or seek advice from the attorney who handled your case before completing the forms. Bring any other questions or concerns to your fingerprint appointment.

Convictions/PBJ/NCR/Pending Charges: If you have ever had any interaction with the criminal court system that resulted in a conviction, probation before judgment (PBJ) disposition, not criminally responsible (NCR) disposition, or a similar disposition in another state, it is imperative that you list each and every disposition in its entirety. You are also required to disclose any and all pending criminal charges.

Misdemeanor Citations/Criminal Citations: Even minor offenses will appear on your record as a conviction. You only need to report any citations where you were charged as an adult.

**Baltimore County General Government
Employment Background Investigation
Information Sheet For Applicants**

Applicants not currently employed by Baltimore County, who have received a conditional offer of employment, are required to be fingerprinted and undergo an employment background investigation **before** their first day of employment. The fingerprint process is required regardless of whether the applicant has been previously fingerprinted for another job, childcare, or any other reason.

Employment Background Investigation Forms Packet:

Within two weeks of applicants' conditional offer of employment they need to review and complete a Employment Background Investigation forms packet and schedule their fingerprint appointment. An Employment Background Investigation forms packet may also be obtained from the Baltimore County Government's Office of Human Resources.

Cost:

Free. There is no cost to applicants.

Where:

Baltimore County Public Safety Building
700 East Joppa Road
Towson, Maryland 21286

Directions: Please fill in the directions

From I-695 (Baltimore Beltway), take Exit 28 Providence Road. Bear right on the ramp onto Providence Road south. Travel approximately one mile and turn left at the Public Safety Building entrance on Providence Road.

Free parking is available in the Public Safety Building lot, except in areas marked reserved.

Contact Information:

To schedule an appointment, contact the appropriate fingerprint coordinator for your agency. Coordinators are available during business hours, Monday through Friday from 8:30 a.m. to 4:30 p.m.

You are responsible for scheduling a fingerprint appointment with Baltimore County Government. Appointments take about 15 minutes and are available at the following times. Please plan to arrive **15 minutes before** your scheduled appointment.

- Tuesdays and Thursdays from 9 to 10:30 a.m.
- Tuesdays and Thursdays from 1 to 2:30 p.m.
- Tuesdays from 5 to 8 p.m.
- Saturdays from 10 to 11:30 a.m.

General Government—Most Applicants

Applicants for most County agencies, including County Health and Human Services and Recreation and Parks employees who are paid on a regular biweekly schedule, should contact the Office of Human Resources to schedule fingerprinting. Call Terry Amos or Steve Pohl at 410-887-3135.

Department of Recreation and Parks Applicants

Recreation and Parks applicants who are paid monthly or on an alternate schedule should contact the fingerprint coordinator for their section.

- Region 1: Donna Vanek at 410-887-1071
- Region 2: Bonnie Warner at 410-887-6957
- Region 3: Tina LaViola at 410-887-5141
- Region 4: Karen Pruitt at 410-887-3465
- Therapeutic Recreation: Janice Castle at 410-887-5319
- Agriculture, Nature and Special Facilities: Donna Gravell at 410-887-8570

If the coordinator for your section is not available or if you are unsure who to contact, call Samantha Walters at 410-887-2053.

State Health and Human Services Applicants

State of Maryland Health and Human Services (HHS) applicants should call HHS Human Resources at 410-853-3900.

Fire Department Applicants

Call Lieutenant Jay Ringgold at 410-887-4809.

911 Communications Center

Call Joseph Ireton at 410-307-2038.

Required Documents

You will need to bring the following documents and other information to the fingerprint appointment:

- A government-issued photo ID (must be a driver's license if required by the job position) **plus two photocopies of the ID**
- Employment Background Investigation forms;
- Information related to name changes; (such as marriage, divorce, etc.)
- Current and previous residence/address information; and
- Documents to prove identity and establish employment eligibility.

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE REPORT**

I, the undersigned consumer, do hereby authorize **BALTIMORE COUNTY GOVERNMENT** to procure consumer reports and/or investigative consumer reports on me.

These above-mentioned reports may include, but are not limited to, my driving history, including any traffic citations; a social security number verification; present and former addresses; credit history and financial status, criminal records; and, any other information bearing on my character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer reports I have authorized above may include information obtained by interviews with my neighbors, friends, family and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to furnish and disclose the same to **BALTIMORE COUNTY GOVERNMENT**, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby release **BALTIMORE COUNTY GOVERNMENT**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims, and/or demands, of whatever kind, in law or equity, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

I hereby certify that I have read and understand this Authorization and Release for the Procurement of a Consumer and/or Investigative Report.

Signature

Date

**Baltimore County Government
Employment Background Investigation Form**

| | | |
|--|--|--------------------------------------|
| _____ | _____ | _____ |
| <i>Social Security Number</i> | <i>Driver's License # and Issuing State</i> | <i>Date of Birth</i> |
| _____ | _____ | <u> M </u> <u> F </u> |
| <i>Print Full Name</i> | <i>Other Names Used (Incl. Maiden Names)</i> | <i>Sex (Circle One)</i> |
| _____ | _____ | _____ |
| <i>Current Address (Street, City, State, Zip Code)</i> | <i>(County of Residence)</i> | <i>(Dates Lived at this Address)</i> |

Baltimore County, Maryland, a body corporate and politic, is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purposes of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, territorial, state, or federal law. Equal access to employment, services, and programs is available to all persons.

Previous Addresses for the Past Seven Years Dates Lived at this Address

| | | | | |
|----------------|-------------|--------------|---------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| <i>Address</i> | <i>City</i> | <i>State</i> | <i>County</i> | <i>Zip</i> |
| _____ | _____ | _____ | _____ | _____ |
| <i>Address</i> | <i>City</i> | <i>State</i> | <i>County</i> | <i>Zip</i> |
| _____ | _____ | _____ | _____ | _____ |
| <i>Address</i> | <i>City</i> | <i>State</i> | <i>County</i> | <i>Zip</i> |

Home Phone #: _____ **Cell Phone #:** _____

Warning: Please note that a conviction will not necessarily disqualify you from the job for which you have applied. Disclosure of any such information is not an automatic bar to employment. However, failure to report criminal convictions, probation before judgment (PBJ) dispositions, not criminally responsible (NCR) dispositions, or pending charges or misrepresentations made through this disclosure may result in termination of your employment with Baltimore County Government should your employment begin prior to the results of this investigation being completed.

APPLICANT INITIAL HERE _____

Have you ever been convicted, or placed on probation before judgment (PBJ), found not criminally responsible, or have pending criminal charges against you without a final disposition for an offense other than a minor traffic violation?

Yes _____ No _____ If yes, list charges below. Use the attachment if more space is needed and to provide specific information.

Charge: _____ Date: _____ City/State: _____

Disposition (circle one): Conviction PBJ NCR Pending charge

Charge: _____ Date: _____ City/State: _____

Disposition (circle one): Conviction PBJ NCR Pending charge

Charge: _____ Date: _____ City/State: _____

Disposition (circle one): Conviction PBJ NCR Pending charge

Have you had criminal charges put on a STET Docket during the past 12 months?

Yes _____ No _____

APPLICANT SIGNATURE: _____ **DATE:** _____

Baltimore County Government Demographic Information Sheet

Applicant Information (Please type or print clearly) *All Fields are required*

Name: _____
Last
First
Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Place of Birth (State): _____ Country of Citizenship: _____

Drivers License or State Issued ID #: _____ State: _____

Circle Codes that Apply

| <u>Gender</u> | <u>Hair Color</u> | <u>Eye Color</u> |
|-------------------------|--------------------------|-------------------------|
| Male..... ...M | Bald.....BAL | Black.....BLK |
| Female..... ...F | Black.....BLK | Blue.....BLU |
| <u>Ethnicity</u> | Blond/Strawberry....BLN | Brown.....BRO |
| Asian/Pacific | Brown.....BRO | Gray.....GRY |
| Islander.....A | Gray/Partial Gray...GRY | Green.....GRN |
| White..... .W | Red/Auburn.....RED | Hazel.....HAZ |
| Black..... .B | Sandy.....SDY | Pink.....PNK |

Signature/Date

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverifiy employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

Section 3. Updating and Reverification (To be completed and signed by employer.)

| | | |
|--|--|---------------------------------|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) | |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization. | | |
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card | | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form | | 5. U.S. Military card or draft record | | 5. Native American tribal document |
| | | 6. Military dependent's ID card | | 6. U.S. Citizen ID Card (Form I-197) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 8. Native American tribal document | | 8. Employment authorization document issued by the Department of Homeland Security |
| | | 9. Driver's license issued by a Canadian government authority | | |
| | | For persons under age 18 who are unable to present a document listed above: | | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | 10. School record or report card | | |
| | | 11. Clinic, doctor, or hospital record | | |
| | | 12. Day-care or nursery school record | | |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)