

CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

- Please print these instructions before you start so you can refer to them as you complete this process. Pages 2-4 show you exactly what the screens will look like.
- Make sure to have your credit card and your social security number handy.
- Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <https://www.state.nj.us/education/crimhist/>. Click on "[new applicant](#)."
- Click on "[New Applicant process](#)" under # 1.
- Select Option #1: "**New Administration Fee Request (New Applicants Only)**" –
- Enter your social security number.
- The next screen displays four (4) options as to the job position(s) and employer.
- Select Option #1: "**All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools.**"
- Complete the requested applicant information with your personal data (See page 2 on this handout). Enter the following:

| | |
|--------------|----------------------------|
| Job Category | Substitute Teacher |
| School Info: | Public School Selection |
| County | Atlantic (001) |
| District | Stockton University (7300) |
| School | Stockton University (001) |

- Proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click "**Next.**" (See page 3 on this handout)
- Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards. You **MUST** click the "**Make Payment**" button only one time to complete the transaction.
- After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. Complete and/or print your Identogo NJ Universal Fingerprint Form (you will need your contributor's case number in the last step) (See page 4 on this handout)
 3. Click here to schedule your fingerprinting appointment with MorphoTrust
- Select the first option "**View and/or print your New Administration Fee Payment Request confirmation page**" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
- Next select the second option "**Complete and/or print your Identogo NJ Universal Fingerprint Form**" to complete the Identogo NJ Universal Fingerprint Form. Type the missing information into the seven highlighted boxes (height, weight, maiden name if applicable, place of birth, country of citizenship, hair color, and eye color). After the form is complete, you must click on the "**Submit**" button at the bottom of the page. When the form has been submitted, you must view and print the Identogo NJ Fingerprint Form and take it with you to your appointment at MorphoTrust at the time of LiveScan fingerprinting.
- Access the MorphoTrust web page by selecting the third option "**Click here to schedule your fingerprinting appointment with MorphoTrust**" to schedule a fingerprinting appointment and submit to LiveScan Fingerprinting.
- The last screen you will see is the "New Enrollment" screen. Enter the following:

| | |
|------------------------------|---|
| Originating Agency Number: | NJ930100Z- DEPT OF EDUCATION |
| Category: | EDK |
| Statute/Reason for Printing: | 18A:6-7.2 PUBLIC SCHOOL EMPLOYMENT |
| Document Type: | RB1 |
| Contributor's case Number: | (use number from "NJ Universal Fingerprint Form") |



CRIMINAL HISTORY REVIEW (CHR) - ePayment



[AA&C Home](#)

APPLICANT AUTHORIZATION AND CERTIFICATION (AA&C) NEW ADMINISTRATION FEE PAYMENT REQUEST

All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools

STEP 1: Input Information and Legal Certification

STEP 2: Payment

STEP 3: Submit

Applicant Information:

Last Name*: ---Suffix--- ▼ First Name*: Middle Init.:

Social Security No.*: (Number only without "-")

Date of Birth*: ---month--- ▼ ---day--- ▼ ---year--- ▼

Sex*: ----- select ----- ▼

Race*: ----- select ----- ▼

Height*: (such as: 6 ' 1")

Weight*: (lbs, number only)

Maiden or alias Last Name :

Place of Birth *: (US State if US Citizen, Country for all others)

Country of Citizenship*: (USA, or others)

Hair Color*: --- select --- ▼

Eye Color*: --- select --- ▼

Street Address*:

City*:

State*: ---select--- ▼ Zip*:

Job Category*: Substitute Teacher ▼

School Info. *: Public School Selection Other School Selection

ATLANTIC(01) ▼ *

STOCKTON UNIVERSITY(7300) ▼ *

STOCKTON UNIVERSITY(001) ▼

Contractor/Vendor

---Select County--- ▼

---Select Contractor/Vendor--- ▼

Email:

Telephone Number*: - - (Numbers only)

Legal Certification:

To continue with the ePayment process read and accept the terms of the AA&C by checking the box:

*

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by N.J.S.A. 18A:6-7.2 or N.J.S.A. 18A:12-1.2 or N.J.S.A. 18A:39-19.1.

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5/17/2018
I swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offenses or child molestation; any crime of the fourth degree involving a victim who is a minor; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring or enticing child into motor vehicle, structure, or isolated area; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; bias intimidation; any conspiracy to commit or attempt to commit any of the crimes described in this act.

(*: Required fields)

Please carefully review and verify the input information above, then click the "Next" button to go to the payment section:

Cancel

Next



New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

| | | | | | |
|--|--|--|---|---------------------------------|------------------------------------|
| (1) Originating Agency Number (ORI #) NJ930100Z | | (2) Category EDK | | (3) Statute Number 18A:6-7.2 | |
| (4) Reason for Fingerprinting PUBLIC SCHOOL EMPLOYMENT | | | (5) Document Type RB1 | | (6) Payment Information \$62.69 |
| (7) Contributor's Case # (Unique Identifier) This number is individual to your sign up. | | | (8) Miscellaneous | | |
| (9) First Name | | (10) MI D | | (11) Last Name | |
| (12) Daytime Phone Number | | (13) Social Security Number (Optional) | | (14) Date of Birth | |
| (15) Height | | (16) Weight | | (17) Maiden or Alias Last Name | |
| (18) Place of Birth (US State of US Citizen for all others) | | (19) Country of Citizenship | | | |
| (20) Home Address Address _____ Drive _____ City _____ State NEW JERSEY Zip _____ | | | | | |
| (21) Gender (Select one) <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both | | (22) Hair Color | | (23) Eye Color | |
| (24) Race (Select One) <input type="checkbox"/> Asian / Pacific Islander (Includes Asian Indian) <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input checked="" type="checkbox"/> White (Includes Hispanic / Spanish Origin) <input type="checkbox"/> Unknown | | | | | |
| (25) Occupation / Position (with respect to Requirement) Substitute Teacher | | | (26) Employer / Organization Name (with respect to Requirement) Address STOCKTON UNIVERSITY / ATTN: KARIN KALLERT- City GALLOWAY State NJ Zip 08205 | | |
| Identification Requirement - Acceptable Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), 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 U.S. State Photo Driver's License/Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010). | | | | | |
| Please READ this form carefully <u>Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. PLEASE PRINT LEGIBLY. It is required you present this completed Universal Fingerprint Form, IDG_NJAPP_020115_v2, at your scheduled appointment.</u> | | | | | |
| Appointment Scheduling: Scheduling is available anytime at www.bioapplicant.com/nj Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981. Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12Noon EST. Payment: When an Application is responsible for payment, Payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards or electronic debit (ACH) from a checking account; accounts will be debited immediately. Cancel / Reschedule: Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointment). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel / reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state / federal search fees) to the original payment method. Unable to be Fingerprinted: An applicant is considered Unable to be Fingerprinted for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification; inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_v2 or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. Morpho Trust will refund the remainder of the fee paid (state / federal search fees) to the original payment method. PCN and Receipts: Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. Morpho Trust will not provide duplicate receipts. PCN Numbers or any appointment/printing information after the time of printing. | | | | | |
| Applicant ID Number | | Payment Authorization: | | PCN: | |
| Scheduled Day & Date: | | Scheduled Time: | | Scheduled Site: | |
| Agency Information: | | | | | |

You MUST retain a copy of this form and the receipt of printing for your personal records.
APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_v2