

Sagem Morpho Instructions

All school employees and volunteers are required to undergo Criminal History Checks through the NJ State Department of Education Sagem Morpho, Inc. Live Scan Fingerprinting process. The Diocese has no authority in regard to NJ Department of Education Sagem Morpho, Inc. fingerprinting process and all questions should be directed to NJ Department of Education, Criminal History Review Unit, 609-292-0507.

1. Complete the attached forms; page 1 #9-#25 (for # 25, state which position you volunteer for/applied for), page 2, #1-12, complete bottom section, sign, date and have notarized.
2. Schedule an appointment 24/7 online at www.bioapplicant.com/nj . You can pay by credit or debit card; \$26.25 for volunteers and \$60.25 for employees. If you prefer, you may call 877-503-5981, Monday through Friday, 8-5, Saturday, 8-12. You would then pay by money order or certified check payable to Sagem Morpho at the time of appointment.

The applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. The applicant must record this information in the appropriate blocks on the bottom of the form while speaking with the operator.

Valid photo identifications 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 on page 1 for further instructions on acceptable identification.

3. You will then go to the processing site for your appointment. At the time of processing, a PCN number will be assigned to you. You will be given a receipt as proof of fingerprinting with recorded information attached to the Applicant Universal Form.
4. The Applicant Forms and the receipt should be photocopied and provided to Our Lady of Lourdes School as proof of processing and will be maintained in Volunteer/Employee secured file records. When you submit your forms to OLOL, you will complete a Transmittal Form and hand in a \$7 certified check or money order, payable to The State of New Jersey. OLOL will then submit the paperwork and money order/certified check to the state to receive results of your fingerprinting.
5. Sagem Morpho will notify you if you require re-fingerprinting because of any computer error. A 90 day time period will be enforced by Sagem Morpho for completion of re-fingerprinting. Any further delay will result in you being recharged a new applicant fee.
6. New Jersey State Police will conduct a background search and submit the results to the Diocese.
7. When results are sent to OLOL, you will be notified.



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](#)

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](#)).



Sagem Morpho Inc.
SAFRAN Group

WWW.BIOAPPLICANT.COM/NJ

(1) Originating Agency Number (ORI #) NJ930100Z	(2) Category EDV	(3) Statute Number N.J.S.A. 18A:6-7.2
(4) Reason for Fingerprinting Volunteer	(5) Document Type VBI	(6) Payment Information volunteer pays fee of \$26.25
(7) Contributor's Case # (Unique Identifier) 24-3220-050		(8) Miscellaneous

** Important: Please see Acceptable ID Requirements below**

(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 if US Citizen - Country for all others)		(19) Country of Citizenship
(20) Home Address				
Address		City		State Zip
(21) Gender (Select one) Male Female Both	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native	
(25) Occupation Volunteer	(26) Employer (Name) Our Lady of Lourdes School Employer Address 44 Cleveland Avenue City Milltown State NJ Zip 08850			

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, 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) 503-5981 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		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

NEW JERSEY STATE DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT
APPLICANT AUTHORIZATION AND CERTIFICATION
NONPUBLIC SCHOOL

PCN _____

Substitute Position Transfer: _____

(County/District/School)

(Type or print in ink)

(1) Last Name _____ (2) First Name _____ (3) Middle Initial _____ (4) Social Security Number _____

(5) Date of Birth _____ (6) Sex (Select One): M F (7) Race (Select One): W B O A H

(8) Street Address _____ (9) City _____ (10) State _____ (11) Zip _____

- (12) Job Category (Circle One):
- 01 Administrator/Supervisor
 - 02 Classroom Teacher
 - 03 Educational Support Services (Certificated)
 - 04 Substitute Teacher
 - 05 Teacher Aide
 - 06 Custodial/Maintenance
 - 07 _____
 - 08 Clerical/Secretarial
 - 09 Food Service
 - 10 Security
 - 11 Other (Specify below) _____

NONPUBLIC SCHOOL USE ONLY

(13) NAME OF COUNTY LOCATION Middlesex (14) COUNTY CODE 24 (15) NAME OF SCHOOL Our Lady of Lourdes (16) FOUR DIGIT CODE 1320 (17) SCHOOL CODE 1050

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:6-7.1 et seq.

FORM "A" - (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS' BREAK IN SERVICE)

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 offense or child molestation; 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 or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

FORM "B" - (CURRENT EMPLOYEES CHANGING DISTRICTS - BREAK IN SERVICE UNDER 180 DAYS)

I, _____ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense or child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder, or a simple assault involving the use of force which results in bodily injury; or in any other state or jurisdiction, a conviction if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in the law.

Signature of Applicant _____ Date _____ Notary _____