



Department of Human Resources
Monroe County, New York

Maggie Brooks
County Executive

Brayton McK. Connard, SPHR
Director

Explanation of Conviction(s), Pending Charge(s) and/or Removal from Employment and Consent to Access Additional Information

Requirement to Disclose

Applicants must complete this form if they have ever been convicted of a crime or violation other than a minor traffic offense, they currently have criminal charges pending and/or if they have ever been removed from any type of employment.

Last Name First Name Middle Position Applying for

Address City State Zip Telephone

Date of Birth Social Security Number Former Names/aliases/a.k.a

Use of Information Disclosed

An answer of YES to either of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated individually on its merits. The County will take the following factors into consideration, among other things: the seriousness of the offense, the specific duties of the position, the bearing the offense will have on the ability of the person to perform such duties, the protection of property and the safety and welfare of individuals or the general public, the age of the offender, the time which has elapsed since the offense, any evidence of rehabilitation and good conduct, State public policy, and any other pertinent factors.

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No
Do you currently have any criminal charges pending against you? Yes No
Have you ever been removed from any type of employment? Yes No

Removal from Employment Explanation

Name of Employer:
Address:
Job Title:
Dates of employment:
Reason(s) for removal from employment:
Further explanation:

(Attach additional pages if necessary)

\* This question refers to all crimes, violations or offenses in any jurisdiction, including Federal and military offenses, except minor traffic infractions. It also includes Juvenile Offender status convictions. You do not need to include adjudications of Juvenile Delinquency or Youthful Offender status or arrests that did not lead to a conviction.



*Department of Human Resources*  
Monroe County, New York

**Maggie Brooks**  
*County Executive*

**Brayton McK. Connard, SPHR**  
*Director*

**Conviction and/or Pending Charges Explanation**

Name of Offense: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Name and Location of the Court: \_\_\_\_\_

Penalty or Punishment Imposed (if convicted): \_\_\_\_\_

Year Convicted (if not pending): \_\_\_\_\_ Age at Time of Offense: \_\_\_\_\_

Name Offense Committed Under (if different than current): \_\_\_\_\_

Explain the circumstances of the offense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all evidence that exists regarding your rehabilitation: \_\_\_\_\_

\_\_\_\_\_

Explain why your conviction(s) and/or pending charges will not affect your fitness to perform the duties and responsibilities related to the position applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain why your conviction(s) and/or pending charges will not be a hindrance to the County's legitimate interest in protecting property, and the safety and welfare of specific individuals or the general public: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional pages if necessary)

**Certification and Authorization to Access Additional Information**

By my signature below,

I, \_\_\_\_\_, certify that information I provided on this form and any attachments is true, correct and complete.

I understand that providing false or incomplete information or withholding by omission or intention pertinent information may be cause for disqualification of my application for employment. I understand that Monroe County may contact other individuals to clarify and verify information supplied on this form.

I acknowledge and consent to a State and national criminal background investigation, which will include a fingerprint check, to determine suitability for employment. Failure to meet the standards of the background investigation may result in disqualification.

I authorize law enforcement agencies, learning institutions (including public and private schools and universities), courts (federal, state and local), motor vehicle records agencies, my past and present employers, the military and other individuals and sources to furnish any and all information on me that is requested by Monroe County.

I agree that this Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of Monroe County.

I acknowledge that I have read, understood and agreed freely to the requirements, consents, authorizations and their respective consequences described on this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_