



Department of Human Resources

Monroe County, New York

Adam J. Bello
County Executive

Andrea M. Guzzetta
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 _____