#### ROCKLAND COUNTY DEPARTMENT OF SOCIAL SERVICES

Local Policy/Procedure #09-18 Date: December 27, 2017 Revised: January 2019

**TO:** CSEU Support Staff

FROM: RCDSS CSEU

**SUBJECT:** Compliance with Section 5.1.1 of IRC 6103(p)(4)(C) Mandatory Background

Investigation Minimum Requirement for Prospective Staff with Access to Federal

Tax Information (FTI)

**CONTACT** 

**PERSONS:** Attorney III Rockland County CSEU / RCDSS Personnel Administrator

from M Solvestu

**PURPOSE:** IRS Publication 1075

Internal Revenue Code (IRC) § 6103(p)(4)

26 CFR § 301.6103(p)(4)-1

OTDA 17-ADM-08

**Policy:** It is the policy of the Rockland County Department of Social Services (RCDSS) to comply with all Federal and State regulations and laws regarding the protection of confidential records, materials and information, including, but not limited to the safeguarding of Federal Tax Information (FTI). The implementation of this policy will ensure proper compliance with IRS Publication 1075, 5.0 - Restricting Access IRC 6103 (p) (4) (C), by instituting procedures as they relate to the completion of suitability background investigations of all prospective employees whose job duties and responsibilities will involve access to Federal Tax Information (FTI).

**Purpose:** This policy will document the procedures for determining suitability of prospective employees (as well as current employees transferring from other titles/work units) applying for employment (or reassignment) in positions involving access to FTI.

**Background:** The IRS issued directions regarding employee background investigation requirements to ensure proper safeguarding of FTI (IRS Publication 1075 – Effective September 30, 2016). These directions require a background investigation for all state and local; current and prospective employees, contractors, and subcontractors with access to FTI. Background investigations are also required for all information technology (IT) employees, contractors or subcontractors with access to systems containing FTI. It is the RCDSS responsibility to ensure that all individuals within the Agency, at all locations, including contractors and subcontractors, comply with the requirements detailed in IRS Publication 1075.

## I. Definitions:

**Federal Tax Information (FTI):** FTI includes Federal tax returns or return information that is received directly from the IRS, or that is obtained through an authorized secondary source, such

as the Federal Office of Child Support Enforcement. FTI includes any information that is derived from the Federal return or return information received from the IRS or obtained through a secondary source. Tax returns or return information provided to the Department directly by the taxpayer/representative are NOT considered FTI.

**II. Potential Positions Effected:** All new hires/reassignments to the following titles/functions must submit to the background investigation requirements outlined in IRS Publication 1075; section 5.1.1:

All employees **assigned to the RCDSS Child Support Enforcement Unit**, including, but not limited to: (See Appendix 1A)

- Child Support Supervisor
- Support Investigators I & II
- Sr. Account Clerk
- Account Clerk
- Clerk/Typist
- Asst. County Attorneys with the Family Law Division
- Information Technology staff

# III. Procedure for Prospective Employees, Contractors and/or Sub-Contractors:

When prospective employees are being considered for employment within the Child Support Enforcement Unit as outlined above, the following procedures shall be followed:

# During the interview, the Rockland County Department of Social Services' Personnel Unit:

- Shall include the requirement to submit to fingerprinting and a local law enforcement background check on any exam announcement offered for a position within CSEU.
- Shall notify the interview candidate of the requirement to submit to a background check upon hire. This background check shall include:
  - Submission to a local law enforcement background check for all localities in which the new employee has resided, worked or attended school for the past five (5) years prior to employment. An advisement will be given verbally and in writing to applicants that a criminal record does not necessarily disqualify them from employment or from access to FTI, and that an individualized determination will be made as to how any conviction would impact their suitability to handle FTI. No applicant or employment will be denied unless a direct relationship between criminal offenses and specific employment can be established and that the granting of employment and access to FTI would involve an unreasonable risk to confidential information, including but not limited to, data defined as FTI.
  - Submission to FBI fingerprinting, and an advisement that a Criminal History Record Information check will be conducted.
  - Submission of new employee information through the e-Verify system to verify that the employee may be legally hired within the United States.

# **At the interview:** The RCDSS responsible staff will:

- Provide the candidate with the background check packet (Attachment 1), and explain the background check process, notifications, and the option to appeal any result that may preclude him/her from employment within the Child Support Unit.
- Obtain from the applicant and immediately forward to the Rockland County Department of Personnel:
  - The applicant's signed release of information, consenting to the back-ground check. (See Attachment 2)
  - The form listing all addresses at which the applicant has resided, worked or attended school during the past five years. (See Attachment 3)

# Upon the nomination to hire and the applicant's acceptance of the offer which is contingent upon the background check:

The Rockland County Department of Personnel/RCDSS will:

- Provide instructions for the applicant to submit to FBI fingerprinting. (See Attachment 4)
- Once the completed form listing all the addresses the applicant has resided in for the last five years is received from the applicant, the authorization shall be forwarded to the local law enforcement agency in each town, city, or county where the applicant has lived to request any information about any identifiable arrests. It will be requested that any response from the local law enforcement agencies be returned within 10 business days. Any local law enforcement agency that responds with any record of arrest must be contacted for details.

#### Once reports are received from background checks:

The Rockland County Department of Personnel will review reports, and:

- If no record of conviction is uncovered, will notify the Child Support Coordinator and contact the candidate to formally offer the position. Send a letter indicating determination of suitability to access FTI.
- If there is a record of conviction, the RCDSS Personnel Administrator will review and determine suitability for access to FTI. The RCDSS Personnel Administrator will consider the factors set forth in NYS Correction Law Article 23-a, (as listed in Attachment 5), in formulating the determination of suitability.
- The **written criterion** for formulating the determination will include, but not be limited to the factors stated in NYS Correction Law Article 23 a. In making a determination relating to an applicant's suitability for access to FTI, the following factors shall be considered:

The public policy of NY State, as expressed in Correction Law Article 23 a, to encourage employment of a person previously convicted of one or more criminal offenses.

- 1. The specific job duties related to the access of FTI by the applicant.
- 2. The bearing, if any, of the criminal offenses or offenses for which the applicant was previously convicted will have on his/her fitness and trustworthiness to access and safeguard confidential information, including FTI, and the potential risk of misuse of such information. Particular consideration will be given to criminal offenses that involve larceny, theft, forgery, fraud, false written statements, burglary, offenses involving computers, offenses against the right to privacy. Conviction of one or more of these criminal offenses will not be immediately disqualifying, but careful consideration of such criminal convictions will be considered on a case by case basis. If, after careful consideration, the nature of such criminal offenses is directly related to the duties of each potential applicant and their ability to safeguard FTI and such employment would create an unreasonable risk to property, then the applicant will be disqualified.
- 3. The time which has elapsed since the occurrence of the criminal offense or offenses.
- 4. The age of the applicant at the time of the occurrence of the criminal offense or offenses.
- 5. The seriousness of the offense or offenses, including, but not limited to the above referenced offenses.
- 6. Any information produced by the applicant, or produced on his/her behalf, in regard to rehabilitation and good conduct.
- 7. The legitimate interest of the district in safeguarding confidential information, including but not limited to FTI.

## The Process if the Candidate is Determined Unsuitable to Access FTI:

- If the candidate is determined unsuitable to access FTI, the Commissioner of Personnel will issue a written statement to the candidate, within 30 days of the request, specifically designating any reason for finding the applicant unsuitable, and providing instruction re: the process for filing a challenge to/administrative review of the decision.
- The record of the written determination will be kept as a confidential record for a period of ten years, or until the employee no longer has access to FTI, whichever is sooner. All records will be marked as confidential and will be maintained in a separate file.
- A reinvestigation will be conducted within 10 years of the previous investigation to ensure current employees' continued suitability for safeguarding FTI.

# After hiring:

The Rockland County Department of Personnel will:

- At "New Employee Orientation", have the new employee complete the USCIS I-9 form (see Attachment 6) and retain a copy for the employee's DSS personnel file. This form cannot be completed prior to the applicant accepting a job offer.
- Within 3 days of completion of the I-9, submit the request for verification of eligibility for employment through e-Verify.
- Document any employee with expiring employment eligibility and monitor the individual for continued compliance.
- Issue a written notification to the employee when e-Verify reports validate the employee's eligibility to legally work in the United States.
- Attach a copy of any Final Notice from e-Verify to the subject employee's I-9, close the case and log its completion in the local tracking log.
- Notify the Deputy Commissioner, Rockland County Department of Personnel, of any Tentative Non-Confirmation Notice (TNC) from e-Verify that requires further action by the employee.

# The Rockland County Personnel Department will:

- Review the TNC notice from e-Verify, then privately discuss the e-Verify "Further Action Notice" (Attachments 7DHS and 7SSA) with the employee. The TNC notice indicates that the information provided by DSS, based on the employee's completed I-9 form, does not match the records of the Department of Homeland Security and/or the Social Security Administration. The employee must indicate whether or not he/she wishes to contest the non-confirmation and sign the notice. A copy of the signed Further Action Notice is given to the employee.
- If the employee chooses to contest the non-confirmation, the Deputy Commissioner, Rockland County Department of Personnel, also issues a Referral Date Confirmation notice (Attachments 8DHS and 8SSA), which gives the employee instruction with regard to the to be taken within the next 8 Federal business days to resolve the TNC. The employee's decision to contest is logged on e-Verify, and no further action is taken until a new notice is received from e-Verify.
- If the employee chooses not to contest the non-confirmation, he/she will be unable to access FTI in their employment role, and as a result, their employment may be lawfully terminated.

# IV. Procedure for Current Employees, Contractors and Subcontractors:

The law currently does not allow for background checks/fingerprinting for current employees, unless current employees are seeking re-assignment to RCDSS CSEU. It is anticipated that current employees will be subject to the very same policies and procedures regarding FBI fingerprinting, background checks and e-Verify, in determining each current employees' suitability to work for RCDSS CSEU and for safeguarding FTI once legislation is enacted requiring such background checks/fingerprinting. Upon nomination of a "transferred" employee, the RCDSS Personnel Administrator shall have Section 3 of the I-9 complete and transmit to the Rockland County Department of Personnel for appropriate action.

#### V. Periodic Re-investigation:

All employees that are required to submit to background checks as detailed above **must re-submit** to the background check within 10 years from the date of the previous background investigation. The Rockland County Department of Personnel will retain records and track the dates of all background investigations for employees, contractors and subcontractors, and will schedule reinvestigations within each 10-year timeframe.

#### VI. Requests for Administrative Review of Determination

Should a candidate wish to contest the determination of their suitability for access to FTI, he/she must submit in writing a request for administrative review of the determination. In the request, he/she should indicate his/her reasons for contesting the decision and contact information. This request is to be submitted to the Commissioner of Personnel.

When a request for administrative review is received by the Office of the Commissioner of Personnel, all records used in making and documenting the decision will be provided for the Commissioner's review. The Commissioner will conduct a review and issue a letter to the complainant either upholding or reversing the determination. If the determination is reversed, the complainant will be restored to the list of potential candidates for hire and will not be required to resubmit to the background check to be considered for a new vacancy within the life of the current civil service list.

#### VII. Records Retention

All records containing background screening information and determination of suitability for access to FTI will be retained in a separate confidential file within the DSS Personnel office and labeled as such. These records must be retained for a period of 10 years, or until the subject employee, contractor or sub-contractor no longer has access to FTI, whichever is sooner.

The Rockland County Department of Personnel will maintain a spreadsheet of all employees, contractors and subcontractors for whom a background check was submitted and the final determination was received. This spreadsheet will remain strictly confidential, maintained in a folder only accessible by the Rockland County Department of Personnel.

# **END OF POLICY**

# **Index of Attachments**

**Attachment 1** MEMO to Candidates from RC Dept. of Personnel

**Attachment 1A** Memorandum for the Record, from Personnel Coordinator

**Attachment 1B** Supervisor Instructions for Fingerprinting

**Attachment 2** Applicant Consent Form

**Attachment 3** Candidate Address History

Attachment 4 Letter to Candidate – Fingerprinting Instructions

**Attachment 5** Letter to Candidate – Background Check Results

**Attachment 6** Employment Eligibility Verification

**Attachment 7 DHS** Further Action Notice

Attachment 7 SSA DHS Further Action Notice
Attachment 8 DHS Referral Date Confirmation

**Attachment 8 SSA** Referral Date Confirmation

**Attachment 9** E-Verify Flyer

**Attachment 10** OTDA 18-LCM-02 Questions and Answers RE: 17-ADM-08

# **MEMO**

**To:** Candidates interviewed for hire in the Child Support Enforcement Unit

From: Rockland County Department of Personnel

**Re:** Criminal Background Check Requirements for Employees with Access to Federal

Tax Information (FTI)

The position that you have made application for involves duties that require the review and handling of Federal Tax Information (FTI) that requires specific safeguarding to ensure confidentiality.

Effective September 30, 2016, the Internal Revenue Service issued a new mandate for employee background investigations to ensure proper safeguarding of FTI as required by Internal Revenue Code (IRC) § 6103(p)(4). FTI includes federal tax returns or return information received directly from the IRS or obtained through an authorized secondary source, such as the Federal Office of Child Support Enforcement. As an agency that receives and possesses FTI, the Rockland County Department of Social Services has the responsibility to ensure that all locations and individuals within the agency, including consolidated data centers and contractors, comply with the safeguard rules outlined in IRS Publication 1075. The employee background investigation requirement, described in IRS Publication 1075, Section 5.1, applies to all State and local current and prospective employees, contractors, and subcontractors with access to FTI.

Employee background investigations for any applicant whose job duties require access to FTI shall include the following (upon selection as the successful interview candidate):

- FBI Fingerprinting (FD-258) and review of criminal history record information. You will be given instructions on how to schedule your appointment for FBI fingerprinting upon selection as the successful interview candidate.
- Check of local law enforcement agencies where the individual has lived, worked and/or attended school within the last 5 years, and if applicable, the appropriate agency for any identified arrests
- Validation, upon hire, of the individual's eligibility to legally work in the US, using the US
   Citizenship and Immigration Services (USCIS) Form I-9 and e-Verify online data match with
   Department of Homeland Security (DHS) and Social Security Administration (SSA) records.

All results of the background check will be kept strictly confidential, and shall only be disclosed to persons authorized by law. You will be issued written notice re: the results of your background check, and the resulting determination of your suitability for access to FTI.

**Attachments:** Consent for fingerprinting/Criminal Background Check (Attachment 2) History of Addresses form (Attachment 3) e-Verify flyer (Attachment 9) TRS-52 (6/13) (Attachment 2)

#### **Attachment 1A**



#### **DEPARTMENT OF PERSONNEL**

50 Sanatorium Rd, Bldg. A,
Pomona, New York 10970
Phone: (845) 364-3737 Fax: (845) 364-3738
Email: rcpersonnel@co.rockland.ny.us

# **Lori Gruebel** *Commissioner*

### MEMORANDUM FOR THE RECORD

FROM: LORI HITCHCOCK, Personnel Coordinator (Examinations)

DATE: NOVEMBER 30, 2018

**SUBJECT:** Background Checks for Positions in the Department of Social Services Child

**Support Enforcement Unit** 

Recent changes in IRS regulations require that a special requirement be added to the job descriptions of any position within the Child Support Enforcement Unit of the Rockland County Department of Social Services. This special requirement must also be included on any examination announcement for positions in the Child Support Enforcement Unit in the Rockland County Department of Social Services.

The positions have been identified as the following:

Attorney II

Attorney III

Auditor (Social Services)

Child Support Unit Supervisor

Clerk

Clerk Typist

Community Services Worker I

Data Entry Operator I

Data Entry Operator II

MIS Technician (Social Services)

Senior Clerk

Support Investigator I

Support Investigator II

## Page 2

For the above referenced positions – the following wording should be added to the job specifications and, will be indicated on any future examination announcements.

For positions within the Child Support Enforcement Unit at the Rockland County Department of Social Services:

Special Requirement: Per Internal Revenue Service (IRS) Security Guidelines for Federal, State and Local Agencies (IRS Publication 1075, Section 5.1.1), employees with access to Federal Tax Information (FTI) must complete a background check which is favorably adjudicated. The background check will include FBI fingerprinting; a check of local law enforcement agencies where the employee has lived, worked and/or attended school within the last 5 years, and if applicable, of the appropriate agency for any identified results and verification of citizenship/residency. You will be required to pay for a processing fee for the fingerprinting. NOTES: (1) A criminal record does not necessarily disqualify you from employment or access to FTI. An individualized determination will be made as to how any conviction would impact suitability to handle FTI. (2). Federal guidelines require that a reinvestigation will be conducted within ten years of the date of the previous background investigation for each employee requiring access to FTI. NY law does not currently permit reinvestigation but may be changed at any time to permit reinvestigation pursuant to the federal guidelines.

Please refer to the FTI Policy posted on the Rockland County Department of Social Services website for further information.

#### **Attachment 1-B**

# <u>Supervisor Instructions for Candidate Fingerprinting at an Idemia Enrollment Services</u> <u>Live Scan Location</u>

1) Provide the applicant with the unique Service Code that identifies your Agency (ORI) and the reason they are being fingerprinted. All appointments are required to be prescheduled and require the applicant to provide this unique Service Code.

If you do not know the Service Code assigned to each civil fingerprint reason authorized for submission by your agency to DCJS, the Service Code can currently be found by one of two ways:

• Via the internet by logging into <a href="https://uenroll.identogo.com">https://uenroll.identogo.com</a> and clicking on "Don't know your Service Code? Contact your agency or click here." in the middle of the screen. On the next screen, enter your agency's ORI and select the appropriate fingerprint reason. Once selected, the associated Service Code will be returned. (\*\*please note that this method of locating Service Codes will be eventually be disabled)

#### Or:

- Your agency's Civil Fingerprint Contact must call the Idemia Customer Service Call Center at (877) 472-6915 and a representative will assist you in identifying your Service Code(s).
- 2) If your agency has customized scheduling screens or has any specific data fields set as mandatory (for example; Social Security Number or Agency ID field), it is your agency's responsibility to ensure that your applicant has been provided with the required information in order to successfully complete the registration process.
- 3) Direct the applicant to schedule an appointment for fingerprinting by going to Idemia's Universal Enrollment website at <a href="https://uenroll.identogo.com">https://uenroll.identogo.com</a> or by calling the Idemia toll free call center at (877) 472-6915. Appointment scheduling via the website is available 24/7/365. Appointment scheduling via the call center is available 9am-9pm Monday through Saturday.
  - If the applicant schedules their appointment through the Idemia website, recommend that they print out the confirmation page and bring it with them to their appointment.
- 4) The applicant will select the most convenient location to get fingerprinted as part of their appointment registration (enrollment). During the enrollment process, the applicant will be asked to enter a Zip Code, City and State or Airport Code at which time a list of fingerprinting locations and available appointments closest to the entered search criteria will be displayed for selection.

#### **Attachment 1-B**

# 5) Payment options:

- Personal or business check, government check, certified check, bank check, money order or credit cards are accepted on-site at the time of the fingerprinting appointment.
- Pre-purchased NCAC coupons (voucher codes) may be used at the time of enrollment or on-site. Agencies that desire to set up an account for payment must enter a credit-card backed account in order to obtain NCAC coupon codes for use. To set up an account arrangement, contact Idemia at (877) 472-6915.

(\*\*Please note that cash is not accepted as a form of payment at any fingerprinting location).

The fingerprinting fee will be comprised of the total fingerprint search fee(s) <u>plus</u> the Idemia vendor fee. The total fee is made to IDEMIA.

The DCJS fingerprint search fee remains at \$75.00

The FBI fingerprint search fee is \$12.00 if your agency is authorized to submit an FBI card for a particular job/license type and an FBI fee is required.

The FBI fingerprint search fee continues to be waived for criminal justice employment. The Idemia vendor fee is \$12.00 as of December 31, 2018.

- 6) The applicant will go to the fingerprinting location and bring an acceptable photo identification document. When they schedule their appointment, they will be given the options of what forms of identification are considered acceptable. Such options include driver's license, US Passport, Permanent Resident Card, etc. If they did not already pay on-line when they scheduled their appointment, they will also need to bring their payment to the fingerprinting appointment.
- 7) At the fingerprinting location, the photo identification document will be reviewed, fingerprints rolled, and photo taken. Once the applicant has been fingerprinted, Idemia launches the fingerprint transaction and photo to DCJS for processing.
- 8) The applicant will be provided two receipts indicating the applicant's name, fingerprinting site, location, date and time, fee paid and reason for fingerprinting. You may choose to request that the applicant provide one of those receipts to your agency and retain the other copy for their records.

#### **Attachment 1-B**

- 9) Upon completion of the DCJS fingerprint search process, the DCJS response will be delivered electronically to your eJustice Civil in Box. The FBI print (if authorized for FBI search) will then be launched from DCJS to the FBI electronically (the FBI will not search their files until the state completes their search process). Upon completion, the FBI response will be delivered electronically to your eJustice Civil in Box. Typically, electronic fingerprint responses are delivered in a 24-72-hour timeframe.
- 10) Should either DCJS or the FBI reject a transaction due to image quality reasons, Idemia will contact the applicant and advise him/her that they must schedule an appointment for reprinting. There is no additional cost that will be charged for reprinting. There will be a small percentage of the population (3-5%) that have difficulties in providing a good set of prints due to the quality of their skin/fingerprint ridges and may require reprinting. In the case of FBI rejections, the FBI will require two fingerprint submissions before they will consider conducting a name search. Should your agency receive two FBI rejections for an applicant, a name search request can be made directly to the FBI through the submission of a CJIS Name Check Request Form. Name search requests to the FBI must be made within 90 days of the last FBI rejection. To obtain a CJIS Name Check Request Form, you can go to <a href="https://www.fbi.gov">www.fbi.gov</a>, click on 'Services, then click on 'Fingerprints and other Biometrics' and finally, click on 'Name Checks for Fingerprint Submissions'.

Social Services District Name: Rockland County Department of Social Services, Child Support Unit District Address: Dr. Robert L. Yeager Health Ctr. 50 Sanatorium Rd, Building C POmonas, NY 10970  Part 1. Applicant Information (Please Print)  Last Name: Click or tap here to enter text.    Social Security Number:   Click or tap here to enter text.   First Name: Click or tap here to enter text.   Social Security Number:   Click or tap here to enter text.   Social Security Number:   Click or tap here to enter text.   Social Security Number:   Click or tap here to enter text.   Social Security Number:   Click or tap here to enter text.   Social Security Number:   Click or tap here to enter text.   Social Security Number:   Click or tap here to enter text.   Social Services District Rockland County Department of Social Services, Child Support Unit   Part 2. Attestation							
Last Name: Click or tap here to enter text.  Date of Birth: Click or tap here to enter text.  Date of Birth: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap he	Rockland County De Social Services, Chil <b>District Address:</b> Dr. Robert L. Yeager 50 Sanatorium Rd, B	partment of d Support Unit r Health Ctr. Building C	Fingerprin	ting for Crimin			
Last Name: Click or tap here to enter text.  Date of Birth: Click or tap here to enter text.  Date of Birth: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant address: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant type: Click or tap he	Part 1. Applicant Inform	nation (Please Prin	ıt)				
Applicant address: Chick or tap here to enter text.  Applicant type: Click or tap here to enter text.  Applicant address: Chick or tap here to enter text.  Applicant type: Click or tap here to ent				First Name: Cli	ck or tap he	ere to enter text.	tap here to
Applicant type: Click or tap here to enter text.   Applicant type: Click or tap here to enter text.		tap here to enter t	ext.				
Part 2. Attestation  1. I have been advised that as part of the application process, the law requires the Social Services District listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Social Services District for which I seek to be employed or be a contractor or subcontractor, to review and evaluate the results of the criminal history information check received by DCJS and FBI. A conviction for certain crimes may make me ineligible for employment.  2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI.  3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.  4. I have been advised that I have the right to withdraw my application for employment or to serve as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor is offered or any criminal history information.  5. I have been advised that the results of the criminal history information check forwarded by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.  6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.  7. I certify to t		nter text.	Ар	plicant type: Click	or tap here	e to enter text.	
1. I have been advised that as part of the application process, the law requires the Social Services District listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Social Services District for which I seek to be employed or be a contractor or subcontractor, to review and evaluate the results of the criminal history information check received by DCJS and FBI. A conviction for certain crimes may make me ineligible for employment.  2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI.  3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.  4. I have been advised that I have the right to withdraw my application for employment or to serve as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor is offered or declined, regardless of whether the authorized before any time be			ity Department of So	cial Services, Chi	ld Support L	Jnit	
to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Social Services District for which I seek to be employed or be a contractor or subcontractor, to review and evaluate the results of the criminal history information check received by DCJS and FBI. A conviction for certain crimes may make me ineligible for employment.  2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI.  3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.  4. I have been advised that I have the right to withdraw my application for employment or to serve as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor by declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information or service as a contractor or subcontractor is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information check forwarded by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.  6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.  7. I certify to the best of my knowledge that I: (check as appropriate)  ———————————————————————————————————	Part 2. Attestation						
Signature Parent/ Guardian if Applicant under 18 years  Part 3  Social Services District Authorized Person Information  Name:  Title:	1. I have been advised that as part of the application process, the law requires the Social Services District listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Social Services District for which I seek to be employed or be a contractor or subcontractor, to review and evaluate the results of the criminal history information check received by DCJS and FBI. A conviction for certain crimes may make me ineligible for employment.  2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI.  3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.  4. I have been advised that I have the right to withdraw my application for employment or to serve as a contractor or subcontractor without prejudice, any time before employment or service as a contractor or subcontractor is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.  5. I have been advised that the results of the criminal history information check forwarded by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.  6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.  7. I certify to the best of my knowledge that I: (check as appropriate)  have been convicted of a crime in New York State or any other jurisdiction.  have pending arrest charges.						
Guardian if Applicant under 18 years  Part 3 Social Services District Authorized Person Information  Name: Title:	Applicant Signature					Date:	
Name: Title:	Guardian if Applicant under 18 years					Date:	
	Part 3	Social Services I	District Authorized Pe	rson Information			
Signature: Email:	Name:					Title:	
	Signature:					Email:	

Effective September 30, 2016, the Internal Revenue Service issued a new mandate for employee background investigations to ensure proper safeguarding of FTI as required by Internal Revenue Code (IRC) § 6103(p)(4). As part of the required background check for all State and local current and prospective employees, contractors, and subcontractors with access to FTI, the Department must run a check of local law enforcement agencies where the individual has lived, worked and/or attended school within the last 5 years, and if applicable, the appropriate agency for any identified arrests.

To facilitate the local law enforcement check, please complete the following form indicated all addresses where you have lived, worked and/or attended school within the past 5 years:

Dates	Address	Residence, work site, and/or school enrollment
		☐ Residence
		☐ Work site
		□ School
		☐ Residence
		☐ Work site
		☐ School
		☐ Residence
		☐ Work site
		□ School
		☐ Residence
		☐ Work site
		□ School
		☐ Residence
		☐ Work site
		☐ School
Lunderstand the	requirement and consent to the use of the information I l	nave provided above to conduct a
check for crimin attended school from employme	hal history with law enforcement agencies in the localities in the past 5 years. I understand that a criminal record do not or from access to FTI. An individualized determination	es where I have lived, worked or oes not necessarily disqualify me
	d impact my suitability to handle FTI.	D 4
Signature of Car	ididate	Date



#### **DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center 50 Sanatorium Rd, Building L Pomona, New York 10970 Phone: (845) 364-2000 Fax: (845) 364-3109

> Joan Silvestri Commissioner

February XX, 2018

Candidate Name Address City, State Zip

Re: Federal Bureau of Investigation Fingerprinting

Dear Candidate:

You recently interviewed for a <TITLE> position within the Rockland County Department of Social Services Child Support Unit. At that time, you were given information about a required background check for all prospective employees whose job duties will include access to Federal Tax Information (FTI). As part of the required background check, you must contact the agency below to schedule your appointment for FBI fingerprinting by <DEADLINE DATE.>

NAME OF AGENCY ADDRESS CITY, STATE ZIP TELEPHONE NUMBER:

Once we receive all reports from your background investigation, we will notify you verbally and in writing regarding the determination of your suitability for access to Federal Tax Information (FTI), and the resulting impact on your potential employment within the Child Support Unit. In the written notice, you will also be given information regarding your option to contest or request an administrative review of the decision, and the appropriate contact information to initiate that request.

If you have questions or concerns about your fingerprinting appointment, please contact <TO BE DETERMINED>. Sincerely,

<To Be Determined> <Title



## **DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center
50 Sanatorium Rd, Building L
Pomona, New York 10970
Phone: (845) 364-2000 Fax: (845) 364-3109

Filolie: (643) 364-2600 Tax. (643) 364-3109
<b>Joan Silvestri</b> <i>Commissioner</i>
February XX, 2018
Candidate Name Address City, State Zip
Redetermination of Suitability for Access to FTI
Dear Candidate:
The results of your criminal background check have been reviewed and the following summarizes the findings:
FBI Fingerprinting:
Local Law Enforcement Criminal History check:
After reviewing these reports, I have made the following determination:
☐ Candidate's background check revealed no criminal history, therefore the <b>candidate has been determined suitable for access to Federal Tax Information (FTI).</b> Candidate is eligible for hire in the Child Support Unit, pending validation of eligibility to legally work in the United States
□ Criminal history revealed in the Candidate's background check has been considered and it has been determined that the nature of the offenses reported does not constitute a risk of misuse of confidential information, therefore the <b>Candidate is suitable for access to FTI</b> . Candidate is eligible for hire in the Child Support Unit, pending validation of eligibility to legally work in the United States.

☐ Criminal history revealed in the Candidate's background check has been considered and it has been determined that the nature of the offenses reported constitutes a risk of misuse of confidential information. <b>The Candidate has been determined unsuitable for access to FTI</b> , therefore is not alicible for him in the Child Symport Unit
eligible for hire in the Child Support Unit.  The following factors were considered in making this determination:
☐ The public policy of NY, as expressed in Correction Law Article 23-a, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
☐ The specific job duties and responsibilities necessarily related to the access to FTI by the candidate
The bearing, if any, the criminal offense(s) for which the candidate was previously convicted will have on his/her fitness and trustworthiness to access and safeguard confidential information, including FTI, and the potential risk of misuse of such information.
☐ The time that has elapsed since the occurrence of the criminal offense(s)
☐ The age of the candidate at the time of occurrence of the criminal offense(s)
☐ The seriousness of the offense(s)
Any information produced by the candidate, or produced on his/her behalf, in regard to rehabilitation and good conduct
☐ The legitimate interest of the district in safeguarding confidential information, including FTI.
Comments:
If you disagree with the determination indicated above, you may contest the determination by requesting it writing an administrative review, and redetermination. Please send your request in writing, indicating you reasons for disagreeing with the determination to:  Ms. Joan Silvestri Commissioner Rockland County Department of Social Services 50 Sanatorium Road, Building L Pomona, NY 10970
Please also include your contact information and the best time to reach you.
If you have any questions, please contact <to be="" determined="">.</to>
Sincerely,
<to be="" determined=""> <title>&lt;/td&gt;&lt;/tr&gt;&lt;/tbody&gt;&lt;/table&gt;</title></to>



# Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not				st complete an	d sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name)	First Name (Give			Middle Initial	Other L	ast Names	s Used (if any)
Address (Street Number and Name)	Apt. Nu	umber	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	eurity Number	Employe	ee's E-mail Addr	ess	E	mployee's	Telephone Number
I am aware that federal law provides for connection with the completion of this f		and/or	fines for false	statements o	r use of	false do	cuments in
l attest, under penalty of perjury, that I a	am (check one	of the fo	ollowing boxe	s):			
1. A citizen of the United States							
2. A noncitizen national of the United States	s (See instruction:	s)					
3. A lawful permanent resident (Alien Re	gistration Number	/USCIS N	lumber):				
4. An alien authorized to work until (expir	ation date, if appli	icable, mr	n/dd/yyyy):				
Some aliens may write "N/A" in the expir	ation date field. (S	See instru	ections)		-		
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number							QR Code - Section 1 Not Write in This Space
Alien Registration Number/USCIS Number:     OR				_			
2. Form I-94 Admission Number: OR				_			
3. Foreign Passport Number:				_			
Country of Issuance:				_			
Signature of Employee				Today's Dat	e (mm/dd	'nnn)	
Preparer and/or Translator Certif  I did not use a preparer or translator.  (Fields below must be completed and sign	A preparer(s) an	nd/or trans	lator(s) assisted			-	
I attest, under penalty of perjury, that I h knowledge the information is true and o		n the co	mpletion of S	ection 1 of th	is form a	and that t	to the best of my
Signature of Preparer or Translator					Today's [	Date (mm/o	dd/yyyy)
Last Name (Family Name)			First Name	e (Given Name)			
Address (Street Number and Name)		С	ity or Town			State	ZIP Code

Form I-9 07/17/17 N Page 1 of 3

Employer Completes Next Page



# Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

Section 2. Employer or I (Employers or their authorized reprinust physically examine one docur of Acceptable Documents.")	esentative	must co	omplete and	d sign Section	n 2 withi	in 3 busine	ss day:	s of the emp			
Employee Info from Section 1	Last Nan	ne (Fami	ily Name)		First N	ame (Give	n Name	e) M	.I. Ci	itizen	ship/Immigration Status
List A Identity and Employment Auti	horization	OR		List Iden			AN	ID	Er	mploy	List C yment Authorization
Document Title		[	Document T	ïtle				Document	t Title		-
Issuing Authority			ssuing Auth	nority				Issuing Au	uthority		
Document Number		1	Document N	lumber				Documen	t Numbe	er	
Expiration Date (if any)(mm/dd/yyy	y)	E	Expiration D	ate (if any)(i	mm/dd/y	yyy)		Expiration	Date (ii	f any)	(mm/dd/yyyy)
Document Title											
Issuing Authority			Additiona	l Informatio	n						ode - Sections 2 & 3 t Write In This Space
Document Number											
Expiration Date (if any)(mm/dd/yyy	9)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any)(mm/dd/yyy	y)										
Certification: I attest, under per (2) the above-listed document(semployee is authorized to work The employee's first day of e	s) appear k in the U	to be g	genuine ar tates.	nd to relate		employee	name		to the	best	of my knowledge the
Signature of Employer or Authorize	ed Represe	entative		Today's Da	te (mm/c	dd/yyyy)	Title	of Employer	r or Auth	norize	d Representative
Last Name of Employer or Authorized	Representa	tive F	irst Name of	Employer or /	Authorize	d Represen	tative	Employer	's Busin	ess o	or Organization Name
Employer's Business or Organization	on Addres	s (Stree	t Number a	nd Name)	City or	Town			State		ZIP Code
Section 3. Reverification	and Rel	nires (	To be com	pleted and	signed	by emplo					
A. New Name (if applicable)  Last Name (Family Name) First			Name (Given Name) Middle Initial			$\overline{}$	B. Date of F Date (mm/c	_		licable)	
<ul> <li>C. If the employee's previous grant continuing employment authorization</li> </ul>					provide	the inform	nation fo	or the docur	ment or	receip	pt that establishes
Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)											
lattest, 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 Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative											

Form I-9 07/17/17 N Page 2 of 3

# LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A  Documents that Establish  Both Identity and  Employment Authorization	OR	LIST B Documents that Establish Identity	ND.	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary		<ol> <li>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</li> </ol>	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
0	I-551 printed notation on a machine- readable immigrant visa		ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4.	Employment Authorization Document that contains a photograph (Form I-766)		information such as name, date of birth, gender, height, eye color, and address	2.	Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5	For a nonimmigrant alien authorized	1	School ID card with a photograph	3	Original or certified copy of birth
٥.	to work for a specific employer	1	Voter's registration card		certificate issued by a State,
	because of his or her status:  a. Foreign passport; and b. Form I-94 or Form I-94A that has		U.S. Military card or draft record     Military dependent's ID card		county, municipal authority, or territory of the United States bearing an official seal
		6			
	the following:	Ī	7. U.S. Coast Guard Merchant Mariner	4.	Native American tribal document
	<ol><li>The same name as the passport;</li></ol>		Card		U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's	1	Native American tribal document	6.	Identification Card for Use of
	nonimmigrant status as long as that period of endorsement has	5	<ol> <li>Driver's license issued by a Canadian government authority</li> </ol>		Resident Citizen in the United States (Form I-179)
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of	ŀ	10. School record or report card		
	the Marshall Islands (RMI) with Form		11. Clinic, doctor, or hospital record		
	I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	The same of	12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

#### **Attachment 7DHS**





# **Further Action Notice**

# U.S Department of Homeland Security Tentative Nonconfirmation (DHS TNC)

Employee's Last Name, First Name	Last Four Digits of Employee's Social Security Number
Employee's A-Number	Employee's Document Number
Date of DHS Tentative Nonconfirmation	Case Verification Number
Reason for this Notice:	

#### EMPLOYER INSTRUCTIONS:

- Review this Further Action Notice in private with the employee as soon as possible.
  - IMPORTANT: If the employee does not speak English as his or her primary language or has a limited ability to read or understand the English language, also provide the employee with a translated version of this Further Action Notice. Translated versions are available in the 'View Essential Resources' section of E-Verify. If the employee cannot read this document for some other reason, provide the information in an alternative format.
- Check that all of the information at the top of this Further Action Notice is correct. If this information is incorrect, close this case in E-Verify and create a new case with the correct information.
- Ask the employee to indicate whether he or she will contest the DHS Tentative Nonconfirmation (DHS TNC) by signing and dating Page 2 of this Further Action Notice, and then sign and date below as the employer.
- Give the employee a copy of the signed Further Action Notice in English (and a translated version, if appropriate) and attach the original to the employee's Form I-9.
- Log in to E-Verify and search for this case using the information above. Follow the instructions in E-Verify to refer the case to DHS if the employee contests the TNC, or close the case if the employee does not contest the DHS TNC. If the employee chooses not to contest the DHS TNC, you may terminate his or her employment and close the case in E-Verify.
  - IMPORTANT: If the employee contests the DHS TNC, refer the case to DHS, print the Referral Date Confirmation from E-Verify, provide it to the employee, and instruct the employee to contact DHS within 8 Federal Government working days as specified in the Referral Date Confirmation.

#### For Photo Mismatch ONLY

Complete this Further Action Notice and send a copy of it with a copy of the employee's photo document to DHS. Either attach and submit a digital copy of the photo document in E-Verify or send a paper copy to DHS via an express shipping carrier of your choice. Do NOT send the copies through regular United States Postal Service mail.

Express Shipping Carrier Address	Affach and Submit Electronically
U.S. Department of Homeland Security- USCIS 10 Fountain Plaza, 3rd Floor Buffalo, NY 14202 Attr: Status Verification Office - Photo Matching	Make a digital copy of the employee's photo document (e.g. with a scanner or a camera) and save it to your computer. Then attach and submit the copy in E-Verify.

#### Employer Signature and Date

I have notified this employee of the DHS Tentative Nonconfirmation and provided the employee with a copy of this Further Action Notice.						
Employer's Name	Employer Representative's Name					
Date Employer Representative's Signature						

Page 1 of 3 | Further Action Notice - DHS TNC | Revision Date 07/14/15





#### EMPLOYEE INSTRUCTIONS:

#### Why you received this Further Action Notice

Your employer participates in E-Verify, a program managed by the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA). E-Verify compares the information you provided on Form I-9, Employment Eligibility Verification, with records available to DHS to verify that you are authorized to work in the United States.

You received this Further Action Notice from your employer because E-Verify provided a result of DHS Tentative Nonconfirmation (DHS TNC). A DHS TNC means that the information entered into E-Verify by your employer does not match records available to DHS. A DHS TNC does not necessarily mean that you gave incorrect information to your employer or that you are not authorized to work in the United States. Visit the For Employees pages at <a href="https://www.dhs.gow/E-Verify">www.dhs.gow/E-Verify</a> to learn the reasons you may have received a DHS TNC.

#### What you should do:

- Check that the information on Page 1 of this Further Action Notice is correct. If it is not correct, provide
  the correct information to your employer. Your employer should close this E-Verify case and use the
  corrected information to create a new case.
- Decide if you will contest (take action to resolve) the DHS TNC and inform your employer of your decision.
  - IMPORTANT: If you decide not to contest the DHS TNC, your case will become a Final Nonconfirmation, which means that your employer may terminate your employment.
- Select your decision to contest or not contest and sign and date this Further Action Notice below. If
  you decide to take action to contest the DHS TNC, to begin to resolve the DHS TNC, you must contact
  DHS within 8 Federal Government working days from the date your employer refers your case in
  E-Verify.

IMPORTANT: Review Page 3 of this notice for important information about employer responsibilities and your rights.

#### Select box, sign and date below:

l ch	I choose to: (check one)					
	CONTEST (take action to resolve the DHS TNC)					
	NOT CONTEST (not take action to resolve the DHS TNC)					
Emp	loyee's Signature	Date				

#### What you must do to take action to resolve the DHS TNC:

- Call DHS at 888-897-7781 (TTY: 887-875-6028) within 8 Federal Government working days from
  the date your employer refers your case to DHS to begin to resolve your case. Your employer must
  give you a Referral Date Confirmation, which will tell you the date by which you must contact DHS.
  Foreign Students and Exchange Visitors Only: DHS cannot resolve this case if your Student
  Exchange Visitor Information System (SEVIS) record is incorrect. Before you call DHS, try to contact
  your Designated School Official or Responsible Officer and ensure your SEVIS record is correct.
- Have this Further Action Notice when you call DHS. DHS may ask you to provide additional information or documents to resolve your case. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter.
  - NOTE: Since you received a DHS TNC from E-Verify, your immigration records could be incorrect. Correcting your immigration records can prevent DHS TNCs. Once you successfully resolve a DHS TNC, you may wish to take additional action to correct your immigration records. You may review the fact sheet "How to Correct Your USCIS Records after Resolving a Tentative Nonconfirmation in E-Verify," found at <a href="http://www.uscis.gov/e-verify/employees/how-correct-your-immigration-records">http://www.uscis.gov/e-verify/employees/how-correct-your-immigration-records</a>. This fact sheet provides information on several options to correct your DHS record.

To check the status of your case visit myE-Verify at <a href="https://selfcheck.uscis.gov/SelfCheckUI/CaseTracker">https://selfcheck.uscis.gov/SelfCheckUI/CaseTracker</a>.

Page 2 of 3 | Further Action Notice - DHS TNC | Revision Date 07/14/15





#### KNOW YOUR RIGHTS

This page provides important information about employer responsibilities and your rights.

- Employers must promptly notify you, in private, of a Tentative Nonconfirmation (TNC).
- Employers must allow you to contest a TNC and may not take adverse action against you because of the TNC while you are contesting the TNC and your E-Verify case is pending.
- You have 8 Federal Government working days to visit an SSA field office or contact DHS to contest
  the TNC from the date the employer refers the case in E-Verify.
- Employers must not discriminate against you because of your citizenship, immigration status, or national origin.
- Employers cannot use E-Verify selectively or to pre-screen job applicants. E-Verify must be used for all new employees regardless of citizenship, immigration status, or national origin.
- Employers cannot use E-Verify to verify existing employees, unless the employer is currently a federal
  contractor with the Federal Acquisition Regulation (FAR) E-Verify Clause in its federal contract.
- Employers are required to clearly display the 'Notice of E-Verify Participation' and the 'Right to Work'
  posters in all languages supplied by DHS.
- Employers may terminate employees because of a TNC only after receiving a Final Nonconfirmation, or after an employee has decided not to contest a TNC.
- Employers may not use E-Verify to reverify existing employees whose employment authorization has expired. Instead, employers must complete Section 3 of Form I-9, Employment Eligibility Verification, or complete a new Form I-9.

#### For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-8028) or email <a href="E-Verify@dhs.gov">E-Verify@dhs.gov</a>. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at <a href="https://www.dhs.gov/E-Verify">www.dhs.gov/E-Verify</a>.

#### Report Violations

If you believe your employer has violated E-Verify rules, or treated you in an unfair manner, we encourage you to report it. To report misuse of E-Verify, including privacy violations, and general E-Verify complaints, contact the E-Verify Employee Hotline at 888-897-7781 (TTY: 877-875-8028) or email <a href="mailto:E-Verify@dhs.gov">E-Verify@dhs.gov</a>.

To report employment discrimination based upon your citizenship, immigration status, or national origin, contact the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 800-255-7688 (TTY:800-237-2515). Language interpretation is available to all callers. For more information, visit OSC's website at www.justice.gov/crt/about/osc.

#### Protect Your Identity

If you want to learn more about identity theft or fraud and the simple steps you can take to protect yourself, visit ftc.gov/idtheft.

Page 3 of 3 | Further Action Notice - DHS TNC | Revision Date 07/14/15

# Attachment 7SSA





#### EMPLOYEE INSTRUCTIONS:

#### Why you received this Further Action Notice

Your employer participates in E-Verify, a program managed by the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA). E-Verify compares the information you provided on Form I-9, Employment Eligibility Verification, with records available to DHS to verify that you are authorized to work in the United States.

You received this Further Action Notice from your employer because E-Verify provided a result of SSA Tentative Nonconfirmation (SSA TNC). An SSA TNC means that the information entered into E-Verify by your employer does not match SSA records. An SSA TNC does not necessarily mean that you gave incorrect information to your employer or that you are not authorized to work in the United States. Visit the For Employees pages at <a href="https://www.dhs.gov/E-Verify">www.dhs.gov/E-Verify</a> to learn the reasons you may have received an SSA TNC.

#### What you should do:

- Check that the information on Page 1 of this Further Action Notice is correct. If it is not correct, provide
  the correct information to your employer. Your employer should close this E-Verify case and use the
  corrected information to create a new case.
- Decide if you will contest (take action to resolve) the SSA TNC and inform your employer of your decision.
  - IMPORTANT: If you decide not to contest the SSA TNC, your case will become a Final Nonconfirmation, which means that your employer may terminate your employment.
- Select your decision to contest or not contest and sign and date this Further Action Notice below. If
  you decide to take action to contest the SSA TNC, to begin to resolve the SSA TNC, you must visit an
  SSA field office within 8 Federal Government working days from the date your employer refers your
  case in E-Verify.

IMPORTANT: Review Page 3 of this notice for important information about employer responsibilities and your rights.

#### Select box, sign and date below:

I ch	I choose to: (check one)						
	CONTEST (take action to resolve the SSA TNC)						
	NOT CONTEST (not take action to resolve the SSA TNC)						
Emp	loyee's Signature	Date					

#### What you must do to take action to resolve the SSA TNC:

 Visit an SSA field office within 8 Federal Government working days from the date your employer refers your case to SSA to begin to resolve your case. Your employer must give you a Referral Date Confirmation, which will tell you the date by which you must visit SSA.

To locate an SSA field office, visit <a href="www.socialsecurity.gov/locator">www.socialsecurity.gov/locator</a> or call SSA at 800-772-1213 (TTY: 800-325-0778). If you live in an area where there is a Social Security Card Center, you are required to visit the Card Center.

- Bring this Further Action Notice when you visit the SSA field office. Tell SSA that you are there because of an E-Verify issue.
- 3. Bring the following original documents to the SSA field office, if you have them. SSA may require:
  - Proof of your age; for example, a birth certificate or passport
  - Proof of your identity; for example, a driver's license or passport
  - Proof of a legal name change; for example, a marriage certificate, if your current name is not displayed on your current Social Security number card.
  - Proof of U.S. citizenship or your work-authorized status:
    - If you are a U.S. citizen, for example, a Naturalization Certificate, U.S. public birth certificate, or U.S. passport, or

Page 2 of 3 | Further Action Notice - SSA TNC | Revision Date 07/14/15





 If you are not a U.S. citizen, for example, a Permanent Resident Card (Form I-551 or "green card"), Employment Authorization Document (Form I-766), or Arrival-Departure Record (Form I-94) showing work-authorized status.

To check the status of your case visit myE-Verify at https://selfcheck.uscis.gov/SelfCheckUI/CaseTracker.

#### KNOW YOUR RIGHTS

This page provides important information about employer responsibilities and your rights.

- Employers must promptly notify you, in private, of a Tentative Nonconfirmation (TNC).
- Employers must allow you to contest a TNC and may not take adverse action against you because of the TNC while you are contesting the TNC and your E-Verify case is pending.
- You have 8 Federal Government working days to visit an SSA field office or contact DHS to contest
  the TNC from the date the employer refers the case in E-Verify.
- Employers must not discriminate against you because of your citizenship, immigration status or national origin.
- Employers cannot use E-Verify selectively or to pre-screen job applicants. E-Verify must be used for all new employees regardless of citizenship, immigration status or national origin.
- Employers cannot use E-Verify to verify existing employees, unless the employer is currently a federal
  contractor with the Federal Acquisition Regulation (FAR) E-Verify Clause in its federal contract.
- Employers are required to clearly display the 'Notice of E-Verify Participation' and the 'Right to Work' posters in all languages supplied by DHS.
- Employers may terminate employees because of a TNC only after receiving a Final Nonconfirmation, or after an employee has decided not to contest a TNC.
- Employers may not use E-Verify to reverify existing employees whose employment authorization has expired. Instead, employers must complete Section 3 of Form I-9, Employment Eligibility Verification, or complete a new Form I-9.

#### For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-8028) or email E-Verify@dhs.gov. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at <a href="https://www.dhs.gov/E-Verify">www.dhs.gov/E-Verify</a>.

To contact SSA, call 800-772-1213 (TTY: 800-325-0778) or visit SSA's website at www.socialsecurity.gov.

#### Report Violations

If you believe your employer has violated E-Verify rules, or treated you in an unfair manner, we encourage you to report it. To report misuse of E-Verify, including privacy violations, and general E-Verify complaints, contact the E-Verify Employee Hotline at 888-897-7781 (TTY: 877-875-8028) or email <a href="mailto:E-Verify@dhs.gov">E-Verify@dhs.gov</a>.

To report employment discrimination based upon your citizenship, immigration status, or national origin, contact the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 800-255-7688 (TTY:800-237-2515). Language interpretation is available to all callers. For more information, visit OSC's website at www.justice.gov/crt/about/osc.

#### Protect Your Identity

If you want to learn more about identity theft or fraud and the simple steps you can take to protect yourself, visit ftc.gov/idtheft.

#### **Attachment 8DHS**





# **Referral Date Confirmation**

# U.S Department of Homeland Security Tentative Nonconfirmation (DHS TNC)

E-Verify Case Verification Number:		
Employee Name:		
Your employer referred your E-Verify case to DHS after you decided to contest (take action to resolve) a DHS Tentative Nonconfirmation (DHS TNC). This document confirms that your case was referred to DHS.		
What you should do		
Call DHS within 8 Federal Government working days, by resolve the DHS TNC. If you have not received the DHS TNC Further Action Notice from your employer, contact your employer immediately to obtain this notice.		
The DHS TNC Further Action Notice includes information about your E-Verify case and which documents you need when you contact DHS. You must have the DHS TNC Further Action Notice when you contact DHS.		
If you do not take action within 8 Federal Government working days, by (MM/DD/YYYYY), a Final Nonconfirmation will be issued and your employer may terminate your employment. Employers must allow you to contest a DHS TNC and may not take adverse action against you because of the DHS TNC while you are contesting the DHS TNC and your E-Verify case is pending.		
For More Information		
If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or		

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email <a href="mailto:E-Verify@dhs.gov">E-Verify@dhs.gov</a>. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at <a href="https://www.dhs.gov/E-Verify">www.dhs.gov/E-Verify</a>.

#### **Attachment 8SSA**





# Referral Date Confirmation Social Security Administration Tentative Nonconfirmation (SSA TNC)

-Verify Case Verification Number:
mployee Name:
our employer referred your E-Verify case to SSA after you decided to contest (take action to resolve) a SSA Tentative Nonconfirmation (SSA TNC). This document confirms that your case was referred to SSA
Vhat you should do
(isit an SSA field office within 8 Federal Government working days, by begin to resolve the SSA TNC. If you have not received the SSA TNC Further Action Notice from your imployer, contact your employer immediately to obtain this notice.
he SSA TNC Further Action Notice includes information about your E-Verify case and which document ou need when you visit SSA. You must have the SSA TNC Further Action Notice when you visit SSA.
you do not take action within 8 Federal Government working days, by (MM/DD/YYYY), Final Nonconfirmation will be issued and your employer may terminate your employment. Employers must allow you to contest an SSA TNC and may not take adverse action against you because of the SSA TNC while you are contesting the SSA TNC and your E-Verify case is pending.

#### For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email <a href="mailto:E-Verify@dhs.gov">E-Verify@dhs.gov</a>. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at <a href="https://www.dhs.gov/E-Verify">www.dhs.gov/E-Verify</a>.

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

# E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## **E-Verify Funciona Para Todos**

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781 dhs.gov/e-verify



The E Verify logic and mark are registered trademarks of Department of Hemeland Security. Commercial sale of this poster is strictly prohibited.

English / Spanish Poster



# Office of Temporary and Disability Assistance

SAMUEL D. ROBERTS Commissioner BARBARA C. GUINN Executive Deputy Commissioner

#### Local Commissioners Memorandum

#### Section 1

Governor

Transmittal:	18-LCM-02
To:	Social Services District Commissioners
Issuing Division/Office:	Office of Temporary and Disability Assistance
Date:	January 16, 2018
Subject:	Questions and Answers Regarding 17-ADM-08 "Background Investigations of Employees with Access to Federal Tax Information"
Contact Person(s):	Division of Legal Affairs (518) 474-9502
Attachments:	Attachment 1 - Division of Child Support Services Questions and Answers regarding 17-ADM-08 Attachment 2 - DCJS Request for Access to Criminal History Record Information Attachment 3 - Checklist: Review of District Policy to Implement Background Checks for Applicants for Jobs Requiring Access to FTI
Attachment Available Online:	

#### Section 2

#### I. Purpose

This Local Commissioners Memorandum (LCM) provides Social Services Districts (districts) with supplemental information regarding the recently issued Administrative Directive, 17-ADM-08, pertaining to applicant background investigations required by IRS Publication 1075 for positions requiring access to Federal Tax Information (FTI).

### II. Background

On September 26, 2017, the Office of Temporary and Disability Assistance (OTDA) issued 17-ADM-08 to advise districts of requirements within revised IRS Publication 1075 regarding background investigations for employment in positions where the job duties require access to FTI. The ADM provided information and guidance on the development of policies and procedures to implement those requirements.

OTDA 18-LCM-02 (Rev. 1/2018)

40 North Pearl Street, Albany, NY 12243-0001 | www.otda.ny.gov

1

Following the issuance of 17-ADM-08, OTDA received a number of questions from local districts. In response, on October 2, 2017, a telephone conference was jointly conducted by OTDA's Division of Legal Affairs and Division of Child Support Services with district child support personnel to answer the questions received regarding the contents of the ADM. Additional questions were submitted by district staff during and after the conference call. The questions and answers have been compiled. See Attachment 1. In addition, one of the attachments to the ADM (DCJS Request for Access to Criminal History Record Information) did not include the citation of law authorizing the investigation. Attachment 2 includes this citation.

In response to Question No. 9, OTDA agreed to provide a copy of the checklist that will be used to evaluate district policies submitted for OTDA review. See attachment 3.

#### III. Program Implications

This LCM imposes no new requirements. Districts are subject to the requirements of Publication 1075 regarding FTI and must develop policies and procedures for the implementation of background investigation requirements by February 28, 2018. See 17-ADM-08. Submit policies and procedures to the Division of Legal Affairs at <a href="mailto:brian.wootan@otda.ny.gov">brian.wootan@otda.ny.gov</a> for review.

Issued By

Name: Barbara C. Guinn

Title: Executive Deputy Commissioner

Division/Office: NYS OTDA

OTDA 18-LCM-02 (Rev. 1/2018)

40 North Pearl Street, Albany, NY 12243-0001 | www.otda.ny.gov

2

# **END OF DOCUMENT**