

EMPLOYER STATEMENT



Name of Facility or Program

Mailing Address

_____, _____
City State Zip

Physical Address of Applicant's Service

I, _____, authorized representative, hereby attest that _____ is an applicant for employment, an employee, contractor or volunteer with our organization. This applicant, employee, contractor or volunteer requires a CYFD background check pursuant to 8.8.3 NMAC and has direct care responsibilities or potential unsupervised access to care recipients. I understand that by signing this statement, our organization waives any claim that this applicant, employee, contractor or volunteer does not have direct care responsibilities or does not have potential unsupervised access to care recipients in the event that he/she is determined to be an unreasonable risk and denied background check eligibility.

I further attest that our organization has or could have primary custody of children for twenty hours or more per week.

Signature of Employer Representative

Title

Phone Number

Date