



Big Brothers Big Sisters
of Dutchess County



Volunteer Application

NAME: _____ DATE: _____ E-MAIL: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____ CITY/TOWN: _____ STATE: _____

PLACE OF EMPLOYMENT OR SCHOOL: _____ POSITION: _____

CAN WE CONTACT YOU AT WORK? _____ IF SO, CONTACT NUMBER: _____

DATE OF BIRTH: _____ GENDER: _____ RACE: _____ RELIGION: _____

SCHOOLING COMPLETED: ___ HIGH SCHOOL ___ TRADE ___ COLLEGE ___ GRADUATE

MARITAL STATUS: _____ NAME OF SPOUSE OR PARTNER: _____

BESIDES SELF, PLEASE LIST ALL MEMBER OF YOUR HOUSEHOLD:

NAME	SEX	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT: _____ PHONE: _____

HOUSEHOLD INCOME (OPTIONAL: FOR DEMOGRAPHIC REPORTING PURPOSES ONLY. THERE ARE NO INCOME GUIDELINES FOR THIS PROGRAM.)

EMPLOYMENT \$ _____ PENSION/RETIREMENT \$ _____ SSI \$ _____ CHILD SUPPORT \$ _____
 UNEMPLOYMENT \$ _____ TANF \$ _____ SSD \$ _____ FOOD STAMPS \$ _____
 RENTAL INCOME \$ _____ ALIMONY \$ _____ WORKERS COMP \$ _____ OTHER \$ _____

AVAILABILITY (PLEASE INDICATE TIMES) ___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY

ARE YOU INTERESTED IN: (CHECK ANY/ALL THAT APPLY)

- _____ COMMUNITY-BASED MENTORING (2-3 HOURS/WEEK FOR 12 MONTHS IN THE COMMUNITY)
- _____ SITE-BASED MENTORING (1 HOUR/WEEK FOR 12 MONTHS AT A DESIGNATED SCHOOL OR SITE)?
- _____ OPPORTUNITY TO SERVE ON BOARD/COMMITTEE
- _____ HELPING WITH SPECIAL EVENTS/FUNDRAISING
- _____ I'M NOT SURE AND WOULD LIKE MORE INFORMATION

HAVE YOU EVER BEEN ARRESTED, CONVICTED OR CHARGED OF A CRIME? _____

HAVE YOU EVER BEEN INVESTIGATED FOR CHILD ABUSE AND/OR NEGLECT? _____

HAVE YOU HAD ANY DRIVING CITATIONS / MOVING VIOLATIONS IN THE LAST 5 YEARS? _____

HAVE YOU EVER BEEN A BIG BROTHER OR BIG SISTER? _____ VOLUNTEERED ELSEWHERE? _____

IF SO, CAN WE CONTACT THE AGENCY? _____ CONTACT INFORMATION: _____

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PLEASE PROVIDE US WITH 4 REFERENCES YOU HAVE KNOWN FOR AT LEAST 3 YEARS. PLEASE TRY TO INCLUDE AT LEAST ONE PROFESSIONAL SUPERVISOR AND AT LEAST ONE FAMILY MEMBER. IF YOU HAVE A SIGNIFICANT OTHER, PLEASE INCLUDE THEM AS WELL. PLEASE OBTAIN CONSENT FOR US TO CONTACT THEM PRIOR TO RELEASING THEIR INFORMATION.

NAME	RELATIONSHIP	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE A CAR? _____ VALID DRIVER'S LICENSE? _____ LICENSE #: _____ STATE #: _____

VEHICLE MAKE & MODEL _____ LIMITS – BODY INJURY? _____ PROPERTY DAMAGE: _____

(IF YOU WISH YOU TRANSPORT A CHILD ONCE YOU ARE ENROLLED, PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE AND AUTO INSURANCE CARD. BY SIGNING THIS APPLICATION YOU AGREE TO NOTIFY US OF ANY CHANGES.)

BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY FREQUENTLY FEATURES VOLUNTEERS IN OUR NEWSLETTERS, PROMOTIONAL MATERIAL, WEBSITE, PRESS RELEASES ETC. ONCE YOU ARE ENROLLED AS A VOLUNTEER, DO YOU CONSENT TO US USING YOUR: (CHECK ALL THAT APPLY)

FIRST NAME _____ LAST NAME _____ PHOTO _____ AUDIO/VISUAL _____

CHILD PREFERENCES

PLEASE INDICATE YOUR PREFERENCES REGARDING THE TYPE OF CHILD YOU'D LIKE TO WORK WITH:

SAME RELIGION DIFFERENT RELIGION NO PREFERENCE
 SAME RACE DIFFERENT RACE NO PREFERENCE GEOGRAPHIC LOCATION: _____
 4-6 YEARS OLD 7-10 YEARS OLD 11-13 YEARS OLD 14-17 YEARS OLD NO PREFERENCE

STATEMENT OF UNDERSTANDING AND INFORMATION RELEASE

I HEREBY AUTHROIZE BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY AND DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC., REFERRED TO IN THIS RELEASE AS BBBS OF DC, TO SECURE ANY INFORMATION THAT THEY DEEM NECESSARY FOR ME OR FROM MEDICAL, EMPLOYMENT, EDUCATIONAL, MILTIARY, LAW ENFORCEMENT, AND ANY OTHER SOURCES TO EVALUATE MY POTENTIAL AS A BIG BROTHER OR BIG SISTER. I UNDERSTAND THAT THIS INFORMATION MAY BE DISCLOSED TO THE PARENT/GUARDIAN OF ANY CHILD CONSIDERED AS A POSSIBLE MATCH. THE PRIMARY RESPONSIBILITY OF BBBS OF DC IS TO ACT IN THE BEST INTEREST OF THE CHILDREN ENROLLED IN THE PROGRAM. THE APPLICANT AGREES THAT THE ADULT/CHILD RELATIONSHIP AND/OR THE APPLICANT'S AFFILIATION WITH THIS ORGANIZATION MAY BE TERMINATED AT ANY TIME, FOR ANY REASON, AT THE SOLE DISCRETION OF BBBS OF DC. BBBS OF DC WILL REPORT TO THE APPROPRIATE LEGAL AUTHORITIES CHILD ABUSE OF ANY TYPE INVOLVING PROGRAM PARTICIPANTS AND WILL TAKE ANY OTHER APPROPRIATE ACTIONS CONSISTENT WITH THE ORGANIZATION'S DUTIES AND OBLIGATIONS. THE UNDERSIGNED (PERSON APPLYING) ACKNOWLEDGES AND AGREES THAT (1) HE OR SHE IS NOT OBLIGATED IF CALLED UPON TO PERFORM VOLUNTEER SERVICES HEREIN APPLIED FOR (2) THE AGENCY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT REGARDLESS OF RACE, CREED, GENDER, RELIGIOUS AFFILIATION, SEXUAL PREFERENCE, DISABILITY, OR ETHNIC ORIGIN (3) THE AGENCY IS NOT OBLIGATED TO ASSIGN OR SEEK TO ASSIGN APPLICANT A LITTLE BROTHER OR LITTLE SISTER; (4) HE OR SHE UNDERSTANDS THAT THE INFORMATION PROVIDED DURING THE APPLICATION PROCESS WILL BE PRESENTED TO AGENCY PROGRAM STAFF CONFIDENTIALLY AND THAT THEIR DECISION TO ACCEPT OR NOT ACCEPT HIM OR HER AS A VOLUNTEER IS BASED ON ALL THE INFORMATION PRESENTED AND THE AGENCY STAFF'S DECISION IS FINAL AND (5) ALL THE INFORMATION ATTAINED BY BBBS OF DC SHALL REMAIN PROPERTY OF THE AGENCY AND IS DEEMED CONFIDENTIAL.

SIGNATURE OF APPLICANT: _____ DATE: _____

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ACCESS TO CONFIDENTIAL RECORDS

IN ORDER FOR BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY TO PROVIDE A RESPONSIBLE AND PROFESSIONAL SERVICE TO CHILDREN, THEIR PARENTS OR GUARDIANS, AND PROGRAM VOLUNTEERS, ALL PARTIES MAY BE ASKED TO DIVULGE EXTENSIVE PERSONAL INFORMATION ABOUT THEMSELVES AND THEIR FAMILIES. THE AGENCY RESPECTS THE CONFIDENTIALITY OF ALL PARTIES' RECORDS WITH THE EXCEPTION OF LIMITS LISTED BELOW. INFORMATION ABOUT ALL PARTIES WILL BE SHARED ABOUT THE PROFESSIONAL STAFF OF DUTCHESS COUNTY COMMUNITY ACTION, INC. (DCCAA). THE RIGHT TO CONFIDENTIALITY APPLIES, NOT ONLY TO WRITTEN RECORDS, BUT ALSO TO VIDEO, FILM, PICTURES, OR USE OF CHILD OR VOLUNTEER'S NAME IN DCCAA PUBLICATION.

ALL RECORDS ARE CONSIDERED THE PROPERTY OF DCCAA. INFORMATION FROM OUTSIDE SOURCES, INCLUDING CONFIDENTIAL REFERENCES MUST BE ASSESSED ALONG WITH THE INFORMATION GAINED FROM THE CHILDREN, PARENTS/GUARDIANS OR VOLUNTEERS. RECORDS ARE NOT AVAILABLE FOR REVIEW BY CHILD, PARENT/GUARDIAN OR VOLUNTEERS. ALL PARTIES SHALL BE PROVIDED AT THE TIME OF APPLICATION, AN OPPORTUNITY TO REVIEW THIS POLICY. ALL PARTIES SHALL SIGN A STATEMENT INDICATING THAT HE/SHE HAS READ AND UNDERSTANDS DCCAA'S POLICY ON CONFIDENTIALITY AND AGREES TO PROGRAM PARTICIPATION UNDER THE GUIDELINES IT SETS FORTH.

LIMITS OF CONFIDENTIALITY

INFORMATION WILL BE RELEASED TO OTHER INDIVIDUALS OR ORGANIZATIONS ONLY UPON PRESENTATION OF AN AUTHORIZED "CONSENT TO RELEASE INFORMATION" FORM APPROPRIATELY SIGNED BY THE PARENT/GUARDIAN OR VOLUNTEER.

IDENTIFYING INFORMATION REGARDING PARENT/GUARDIAN OR VOLUNTEER MAY BE USED IN DCCAA PUBLICATIONS OR PROMOTIONAL MATERIALS IF THE PARENT/GUARDIAN OR VOLUNTEER HAS GIVEN PERMISSION.

FOR PURPOSES OF PROGRAM EVALUATION, AUDIT OR ACCREDITATION, AND WITH THE PRIOR APPROVAL OF THE BOARD OF DIRECTORS OF DCCAA INC., CERTAIN OUTSIDE BODIES SUCH AS BIG BROTHERS BIG SISTERS OF AMERICA MAY HAVE ACCESS TO CLIENT AND VOLUNTEER RECORDS. THE OUTSIDE ORGANIZATIONS SHALL BE REQUIRED TO RESPECT DCCAA'S POLICY ON CONFIDENTIALITY. OUTSIDE PARTIES SHALL BE REQUIRED TO USE INFORMATION ONLY FOR THE PURPOSE(S) STATED IN THE APPROVAL ACTION OF THE BOARD OF DIRECTORS. KNOWN VIOLATIONS OF DCCAA CONFIDENTIALITY POLICY WILL BE REPORTED TO THE SUPERVISOR OF THE INDIVIDUAL INVOLVED AND APPROPRIATED DISCIPLINARY ACTION SHALL BE REQUESTED.

MEMBERS OF THE BOARD OF DIRECTORS HAVE ACCESS TO FILES ONLY UPON AUTHORIZATION BY FORMAL MOTION OF THE BOARD OF DIRECTORS OF DCCAA. THE MOTION SHALL STATE WHO SHALL BE AUTHORIZED TO REVIEW RECORDS, THE SPECIFIC PURPOSE FOR SUCH REVIEW, AND THE PERIOD OF TIME FOR WHICH ACCESS SHALL BE GRANTED. MEMBERS SHALL BE REQUIRED TO COMPLY WITH THE DCCAA POLICIES ON CONFIDENTIALITY AND MAY USE THE INFORMATION ONLY FOR PURPOSES STATED BY THE APPROVED ACTION OF THE BOARD OF DIRECTORS OF DCCAA. KNOWN VIOLATIONS SHALL BE REPORTED TO THE BOARD PRESIDENT. A VIOLATION OF THE DCCAA'S CONFIDENTIALITY POLICY BY A BOARD MEMBER SHALL CONSTITUTE ADEQUATE CAUSE FOR REMOVAL FROM OFFICE.

INFORMATION SHALL BE PROVIDED TO LAW ENFORCEMENT OFFICIALS OR THE COURTS PURSUANT TO A VALID AND ENFORCEABLE SUBPOENA.

INFORMATION SHALL BE PROVIDED TO THE AGENCY'S LEGAL COUNSEL IN THE EVENT OF LITIGATION OR POTENTIAL LITIGATION INVOLVING THE AGENCY. SUCH INFORMATION IS CONSIDERED PRIVILEGED INFORMATION AND ITS CONFIDENTIALITY IS PROTECTED BY LAW.

STATE LAW MANDATES THAT SUSPECTED CHILD ABUSE ARE REPORTED TO THE APPROPRIATE AUTHORITIES (CHILD PROTECTIVE SERVICES). ALL WORKERS ARE RESPONSIBLE FOR STAYING ABEAST OF SUCH REPORTING REQUIREMENTS OF THEIR RESPECTIVE JURISDICTION AND SHALL ALWAYS COMPLY WITH MANDATED PROCEDURES.

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IF AN AGENCY WORKER RECEIVES INFORMATION INDICATING THAT A CHILD, PARENT/GUARDIAN OR VOLUNTEER MAY BE DANGEROUS OR HIMSELF OR HERSELF OR TO OTHERS, NECESSARY STEPS MAY BE TAKEN TO PROTECT THE APPROPRIATE PARTY. THIS MAY INCLUDE A MEDICAL REFERRAL OR THE REPORT TO THE LOCAL LAW ENFORCEMENT AUTHORITIES.

INFORMATION PROVIDED BY THE CHILD, PARENT/GUARDIAN OR THE VOLUNTEER MAY BE SHARED WITH THE OTHER PARTY BY THE CASE MANAGER WHEN A POTENTIAL MATCH IS CONSIDERED. PARENT/GUARDIAN AND VOLUNTEER WILL NOT DISCUSS CONFIDENTIAL MATCH INFORMATIONAL WITH ANY PERSONS OTHER THAN THE PROFESSIONAL STAFF OF DCCAA, INC. AND THE BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY PROGRAM.

I HAVE READ AND UNDERSTAND THE ABOVE DOCUMENT, WHICH STATES DCCAA INC.'S POLICY WITH RESPECT TO CONFIDENTIALITY OF CLIENT AND VOLUNTEER RECORDS. I AGREE TO PROGRAM PARTICIPATION UNDER THE CONDITIONS IT SETS FORTH.

SIGNATURE OF APPLICANT: _____ DATE: _____

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NATIONAL BACKGROUND INVESTIGATIONS, INC.

Post Office Box 966, Stevensville, Maryland 21666 Tel: 410.604.2430 * Fax: 410.604.2496

APPLICANT RELEASE AND AUTHORIZATION FORM - NM

I hereby authorize Dutchess County Community Action Agency, Inc /Big Brothers Big Sisters of Dutchess County other authorized representatives of the company bearing this release to obtain any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the company, or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. Please Provide Minimum 7 Years of Residential History Below.

Name: _____ Alias/Other: _____
(First, Middle, Last - Print Clearly)

Date of Birth: _____ Social Sec. No.: _____
Driver's Lic. No.: _____ State _____ Signature: _____

(1) Current Addr: _____ City/State: _____
County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State: _____
County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State: _____
County: _____ Dates/From: _____ To: _____

Witnessed by: _____ Date: _____

=====

IMPORTANT: FOR CLIENT USE ONLY - Mark an "X" for any of the following:

Would you like us to also check Alias/Other name listed above? Yes _____ No _____
(Be advised there is an additional equal charge per alias name)

CRIMINAL HISTORY RECORD SEARCH:

(1)Current Address _____ (2)Previous Address _____ (3)Previous Address _____

Maryland (Statewide) Criminal Search _____ Maryland Traffic Court Search _____ Motor Vehicle Report (Driving Record) _____ Social Security Number Trace _____ Sex Offender Registry _____ Wants/Warrants _____ Credit Report _____ Bankruptcy _____

Federal Criminal _____ Federal Civil _____ Federal Tax Lien _____ State Tax Lien _____ Workers' Compensation _____ Civil Judgment: Upper Court _____ Lower Court _____

Verification (Specify Number of Items): Education _____ License _____ Employment _____

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Appendix 6 – DPPA & FCRA Notification

Federal Drivers Privacy Protection Act Authorization to Obtain Motor Vehicle Records And Fair Credit Reporting Act Pre-notification

PRINT →

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I, (Name of employee) _____ authorize (Agency Name) ANTALEK AND MOORE INSURANCE AGENCY to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.

I understand that, as part of the application process, the agency may order consumer reports** in connection with my initial application.

I may request whether or not a consumer report was ordered, and if a consumer report was ordered, the agency will provide, at my request, the name and address of the consumer reporting agency that furnished the report or information.

Signature of Employee _____

Driver License Number _____

State _____

Date of Birth _____

Mailing Address _____

Property Address _____

Date Signed _____

“Personal Information” means information that identifies an individual, including an individual’s photograph, social security number, driver identification number, name, address (but not the 5-digit zip code), telephone number, and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver status.

*** A consumer report is defined in part as “... any communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living...” by the New York Fair Credit Reporting Act.*

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NEW YORK DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with _____, I understand that consumer reports which may contain public record information and investigative consumer reports consisting of interviews with employers, neighbors, friends, and associates may be requested from National Background Investigations, Inc. Post Office 966, Stevensville, Maryland 21666, a consumer reporting agency. These reports may include the following types of information: names of employers and dates of previous employment, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. I hereby consent to your obtaining the above information from such agency.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to National Background Investigations, Inc. Post Office 966, Stevensville, Maryland 21666, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two year period preceding my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports and investigative consumer reports at any time during my employment (or contract) period.

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

Print Full Name

Social Security Number

Applicant's Signature

Date

National Background Investigations, Inc.
Post Office Box 966 Stevensville, Maryland 21666
Corporate Telephone ~ 410-604-6200
www.nationalbackground.com

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NEW YORK CORRECTION LAW ARTICLE 23-A

A COPY OF THIS LAW IS BEING PROVIDED TO YOU IN CONJUNCTION WITH OUR ORDERING BACKGROUND REPORTS ON YOU.

New York Bus Code §380-c (b) (2) and 380-g (d)

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individuals having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of 'good moral character' when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

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(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty—two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty—two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy—eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.