



Forrester-Davis Development Center

1000 Buchanan St.
Clarksville, AR, 72830

 (479)-754-6210

 (800)-354-2182


APPLICATION FOR EMPLOYMENT


We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Personal / Contact details:	
Date of Application	/ /
Name (Last, First, Middle)	
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #	
Address (Street Address) (City, State, Zip, County)	
Phone 1 (Home)	
Phone 2 (Cell Phone)	
Email address	
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Both
Have you ever <u>applied</u> for employment with Forrester-Davis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If Yes:</u> Month and Year _____ <u>Location:</u>
Have you ever been <u>employed</u> with Forrester-Davis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If Yes:</u> Month and Year _____ <u>Location:</u>
Position(s) for which you are applying:	<ul style="list-style-type: none">•• Pay Expected: _____
Apart from absence for religious observance, are you available for full-time work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> When will you be available to begin work? <input type="radio"/> / /
How did you learn about this job?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative Other, please specify: <input type="radio"/> Employment Agency: _____ <input type="radio"/> Current Forrester-Davis Employee <input type="radio"/> Name: _____


Indicate any foreign languages you can speak, read and/or write	
Language:	<ul style="list-style-type: none"> ▪ Speak: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair ▪ Read: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair ▪ Write: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Language:	<ul style="list-style-type: none"> ▪ Speak: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair ▪ Read: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair ▪ Write: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Academic Information					
School	Name and Location of School	Course of study	No. of Years Completed	Did you Graduate?	Type of Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade /Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of professional licenses held: _____				State: _____	

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Please give an accurate, complete full-time employment record of the last six (6) years. Start with your present or most recent employer.

Employment Record		
1.	Company Name:	Telephone:
	Address:	Employed – (month and year): <u>From:</u> <u>to:</u>
	Name of Supervisor:	Hourly wages or Annual Salary: <u>Start:</u> <u>Last:</u>
	Job Title and Describe your work:	Reason for Leaving:
2.	Company Name:	Telephone:
	Address:	Employed – (month and year): <u>From:</u> <u>to:</u>
	Name of Supervisor:	Hourly wages or Annual Salary: <u>Start:</u> <u>Last:</u>
	Job Title and Describe your work:	Reason for Leaving:
3.	Company Name:	Telephone:
	Address:	Employed – (month and year): <u>From:</u> <u>to:</u>
	Name of Supervisor:	Hourly wages or Annual Salary: <u>Start:</u> <u>Last:</u>
	Job Title and Describe your work:	Reason for Leaving:
4.	Company Name:	Telephone:
	Address:	Employed – (month and year): <u>From:</u> <u>to:</u>
	Name of Supervisor:	Hourly wages or Annual Salary: <u>Start:</u> <u>Last:</u>
	Job Title and Describe your work:	Reason for Leaving:
5.	Company Name:	Telephone:
	Address:	Employed – (month and year): <u>From:</u> <u>to:</u>
	Name of Supervisor:	Hourly wages or Annual Salary: <u>Start:</u> <u>Last:</u>
	Job Title and Describe your work:	Reason for Leaving:

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6.	Company Name:	Telephone:
	Address:	Employed – (month and year): <u>From:</u> <u>to:</u>
	Name of Supervisor:	Hourly wages or Annual Salary: <u>Start:</u> <u>Last:</u>
	Job Title and Describe your work:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact. Please list and give reason(s) why we should not contact them.

1. Employer _____ Reason: _____
2. Employer _____ Reason: _____

References. Give the name, address and telephone number of three references you know in a professional capacity who are not related to you and are not previous employers.

1.	Name: _____ Email: _____ Phone: _____ Address: _____ Relationship to you: _____
2.	Name: _____ Email: _____ Phone: _____ Address: _____ Relationship to you: _____
3.	Name: _____ Email: _____ Phone: _____ Address: _____ Relationship to you: _____


Experience and qualifications.


List professional, trade, business or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.)

○

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Summarize any additional skills and qualifications you have acquired (outside of past work experience) that you feel may be helpful to us in considering your application.

○

Has a court ever denied parental, custodial or visitation rights as a result of child maltreatment?

Yes No

If YES, explain:

○

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record.

○

Why do you want to work in our program?

○

What do you feel best qualifies you for this job?


○


Have you ever been convicted of any of the following?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Capital Murder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rape
<input type="checkbox"/> Yes <input type="checkbox"/> No	Murder in the first and/or second degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aggravated robbery
<input type="checkbox"/> Yes <input type="checkbox"/> No	Negligent homicide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incest
<input type="checkbox"/> Yes <input type="checkbox"/> No	False imprisonment in the first degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permitting abuse of a minor
<input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent detention or restraint	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stalking
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual indecency with a child	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arson

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<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic battery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Breaking or entering
<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft of property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forgery
<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft by receiving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terroristic act
<input type="checkbox"/> Yes <input type="checkbox"/> No	Burglary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft of services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No	Resisting arrest
<input type="checkbox"/> Yes <input type="checkbox"/> No	Coercion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cruelty to animals
<input type="checkbox"/> Yes <input type="checkbox"/> No	Voyeurism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indecent exposure
<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal impersonation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bestiality
<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial identity fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public sexual indecency, Public display of obscenity.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal use of a prohibited weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No	Introduction of controlled substance into body of another person
<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered sex offender	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terroristic threatening in the first and second degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	Manslaughter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual assault in the first, second, third, and fourth degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidnapping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obtaining a controlled substance by fraud
<input type="checkbox"/> Yes <input type="checkbox"/> No	Robbery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violation of a minor in the first and second degree

<input type="checkbox"/> Yes <input type="checkbox"/> No	Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, or pandering or possessing visual or print medium depicting sexually explicit conduct involving a child or employing or consenting to the use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony abuse of an endangered or impaired person
<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal attempt, criminal complicity, criminal solicitation or criminal conspiracy/and to commit any of the offenses listed in this section.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony violation of the Uniform Controlled Substances Act
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prostitution, patronizing a prostitute, or promotion of prostitution
<input type="checkbox"/> Yes <input type="checkbox"/> No	Endangering the welfare of incompetent person in the first and second degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	Endangering the welfare of a minor in the first and second degree

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<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer exploitation of a child in the first and second degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	Communicating death threat concerning a school employee or student
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interference with visitation or interference with court-ordered custody
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contributing to the delinquency of a minor or juvenile
<input type="checkbox"/> Yes <input type="checkbox"/> No	Soliciting money or property from incompetents
<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony interference with a law enforcement officer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Promoting obscene materials or promoting obscene performance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Obscene performance at a live public show
<input type="checkbox"/> Yes <input type="checkbox"/> No	Simultaneous possession of drugs and firearms
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unlawful discharge of a firearm from a vehicle
<input type="checkbox"/> Yes <input type="checkbox"/> No	Battery in the first, second and third degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault – Aggravated assault and assault in first and second degree

- **Have you ever been convicted of a crime (other than minor traffic violations)? Note: Conviction of a crime (other than minor traffic violations) may disqualify you from employment with Forrester-Davis. Disqualification depends upon the relationship of the crime to the position for which you are applying.**

Yes No **If YES,** explain: _____

Forrester-Davis Development Center is a DRUG-FREE WORKPLACE and may require drug screening of any employee or as a condition of their employment.

I, the below signed individual, certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or if employed, would be cause for termination. I authorize individuals or institutions named above to give information regarding my employment, character and qualification, hereby releasing them from all liability for issuing such information. I also understand that some jobs require special background checks and that failure to meet these requirements may lead to my rejections as an applicant of if employed, termination.

Signature of Applicant

Date of Signature

DO NOT WRITE BELOW (FOR EMPLOYER'S USE ONLY)

Interviewed by: _____ **Date:** / /

Hired: Yes No **Position:** _____


Dept: _____ **Salary/Wage:** _____


Date Reporting to Work: _____

Approved By: _____ **By:** _____

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DISCLOSURE STATEMENT

THE DEPARTMENT OF HUMAN SERVICES AND ARKANSAS REHABILITATION SERVICES REQUIRE THAT WE REPORT A LIST OF APPLICANTS, THEIR ADDRESSES, SOCIAL SECURITY NUMBERS, AND POSITIONS.

PLEASE AUTHORIZE BELOW:

_____ I AUTHORIZE MY NAME, ADDRESS, SOCIAL SECURITY NUMBER AND APPLIED POSITION TO BE RELEASED TO THE DEPARTMENT OF HUMAN SERVICES AND ARKANSAS REHABILITATION SERVICES.

_____ I DO NOT AUTHORIZE MY NAME, ADDRESS, SOCIAL SECURITY NUMBER AND APPLIED POSITION TO BE RELEASED TO THE DEPARTMENT OF HUMAN SERVICES AND ARKANSAS REHABILITATION SERVICES.

SIGNATURE

CURRENT STREET ADDRESS


CITY, STATE, ZIP CODE


DATE

FOR EMPLOYER'S USE ONLY		
REFERENCE CHECK		
Employer	Person Contacted	Results

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**ACT 1474
CONSENT FORM**

I, _____, hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to Forrester-Davis Development Center, Inc. and affiliate. This consent is given in accordance with ***Act 1474 of the 1999 General Assembly of the State of Arkansas.***


This consent is valid for no longer than six months, as dated below.


Signature of Applicant

Date of Signature

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ACT 1474

Act 1474 of the 1999 General Assembly of the State of Arkansas is effective August 1, 1999.

The Act will allow employers to disclose a current or former employee's employment history to a prospective employer, but only with written consent from the applicant.

The following information may be disclosed:

- Date & duration of employment;
- Current pay rate & wage history;
- Job description and duties;
- The last written performance evaluation performed before the date of the request;
- Attendance performance;
- Results of drug or alcohol test administered written one year before the request;
- Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- Whether the employee is eligible for rehire.

I have read the Provisions of **Act 1474 of 1999**.

Signature of Applicant

Date of Signature

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

Authorization for release of confidential information:

ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

Note to users of this form: Please type or print all information! Illegible forms will not be processed! Fill out form completely. This form may be copied and shared.

RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST

<p align="center">Forrester-Davis Development Center, Inc FACILITY REQUESTING CHECK AND REPORT</p> <hr/> <p align="center">1000 Buchanan Street MAILING ADDRESS</p> <hr/> <p align="center">Clarksville, Ar 72830 CITY STATE ZIP</p> <hr/> <p align="center">Joy Wilson, Administrator 479-754-6210 FACILITY DIRECTOR & TELEPHONE NUMBER</p>	<p align="center">Dan Cates NAME OF LICENSING SPECIALIST REQUESTING THE CHECK</p> <hr/> <p align="center">CCLS Johnson County TITLE COUNTY</p> <hr/> <p align="center">870-448-3153 ex 120 TELEPHONE NUMBER</p> <hr/> <p align="center">DATE OF REQUEST</p>
--	---

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (_____ / _____ / _____) SSN: _____ - _____ - _____
MONTH DATE YEAR

RACE: _____ SEX: (MALE/FEMALE) TELEPHONE NUMBER: (_____)

COMPLETE ADDRESS: _____
STREET CITY STATE ZIP

PLACE OF EMPLOYEMENT: Forrester-Davis Development Center, Inc.

<u>FULL NAME/AGE OF OWN CHILDREN</u>	<u>DOB</u>	<u>SOCIAL SECURITY NUMBER</u>

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release all information their files may contain including the Prosecuting Attorney's report, concerning the undersigned and any birth/legal children ages 10 through 17 who are now or have resided in my home of the undersigned. I also understand that the name of any confidential informants, or other information which does not pertain to me or my children, will not be released."

SIGNATURE OF PERSON TO BE CHECKED DATE

COUNTY OF _____ SS
 STATE OF ARKANSAS
 Acknowledge before me on this _____ day of _____
 20 _____.

Notary Public _____

My Commission Expires: _____ / 07 / _____

ARKANSAS DEPARTMENT OF HUMAN SERVICES AUTHORIZATION FOR ADULT MALTREATMENT CENTRAL REGISTRY

Print all information in ink

Name	Date of Birth
Maiden and/or Any Names Formerly Used	Social Security Number
Current Address (Street, City, State, Zip)	
List all previous addresses for the past five years	Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Arkansas Code [ACA 12-12-1717] to:

Name	Agency type:
	<input type="checkbox"/> Volunteer (no charge)
	<input type="checkbox"/> Non-Profit (no charge)
	<input type="checkbox"/> State Agency (no charge)
Mailing Address (Street or PO Box, City, State, Zip)	<input type="checkbox"/> All Others (\$10.00 Fee)

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

Notarization Required

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20_____.

(Notary Public)

(My Commission Expires)

The above listed applicant was _____/was not _____ found in the Adult Maltreatment Central Registry.

Adult Protective Services – Slot W240
Adult Maltreatment Central Registry
PO Box 1437
Little Rock, AR 72203

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

REQUEST FOR:

CRIMINAL RECORD CHECK

MAIL ORIGINAL COMPLETED FORM TO: P.O.BOX 1437 SLOT S-150 LITTLE ROCK AR 72203

(FACILITY USE ONLY) <hr/> Forrester-Davis Development Center, Inc. FACILITY REQUESTING REPORT <hr/> 1000 Buchanan Street MAILING ADDRESS <hr/> Clarksville AR 72830 CITY STATE ZIP <hr/> Joy Wilson, Administrator 479-754-6210 FACILITY DIRECTOR & TELEPHONE NUMBER	(DHS USE ONLY) <hr/> Dan Cates NAME OF LICENSING SPECIALIST REQUESTING THE CHECK <hr/> CCLS Johnson County TITLE COUNTY <hr/> 870-448-3153 EXT 120 TELEPHONE NUMBER <hr/> DATE OF REQUEST
--	---

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (____/____/____) SSN: ____ - ____ - ____ PHONE #: (____) ____ - ____
MONTH DATE YEAR

DRIVER'S LICENSE or GOV'T ID #: _____ / _____ RACE: _____ SEX: (MALE / FEMALE)

NOTE: HAVE YOU LIVED IN ARKANSAS FOR THE PAST FIVE (5) YEARS? YES NO (IF NO, LIST ALL OF THE STATES YOU HAVE LIVED IN THE PAST FIVE YEARS.)

COMPLETE ADDRESS: _____
(Physical residential address) STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

Have you ever been found guilty of, or pleaded guilty or no contendere to a crime? (Circle ONE) YES NO
***If yes, attach a detailed description of the crime and the facts of the finding of guilt or the plea.**

"I hereby authorize the Arkansas State Police to release any criminal history information: to the Division of Child Care and Early Childhood Education."

SIGNATURE OF PERSON TO BE CHECKED DATE

COUNTY OF _____ SS
 STATE OF ARKANSAS

Acknowledge before me on this _____ day of _____ 20_____.

Notary Public _____

My Commission Expires: _____ / _____ / _____

STATE POLICE USE ONLY DO NOT WRITE IN THIS BOX: { } 82001 CIVIL RECORDS CHECK

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

REQUEST FOR:
FBI RECORDS CHECK

A completed state criminal records check form, a completed fingerprint card FD-258 and a check or money order (made payable to ASP or Arkansas State Police) MUST be attached for EACH fingerprint check needed. Checks/money orders cannot be combined for multiple fingerprint checks.

If you have any questions, or wish to dispute the results, please contact your Licensing Specialist immediately.

(FACILITY USE ONLY) <hr/> Forrester-Davis Development Center, INC FACILITY REQUESTING REPORT <hr/> 1000 Buchanan Street MAILING ADDRESS <hr/> Clarksville AR 72830 CITY STATE ZIP <hr/> Joy Wilson, Administrator 479-754-6210 FACILITY DIRECTOR & TELEPHONE NUMBER	(DHS USE ONLY) <hr/> Dan Cates NAME OF LICENSING SPECIALIST REQUESTING THE CHECK <hr/> CCLS Johnson County TITLE COUNTY <hr/> 870-448-3153 EXT 120 TELEPHONE NUMBER <hr/> DATE OF REQUEST
--	---

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (____/____/____) SSN: ____-____-____ PHONE #: (____)____-____
MONTH DATE YEAR MONTH DATE YEAR MONTH DATE YEAR

DRIVER'S LICENSE or GOV'T ID #: ____/____/____ RACE: _____ SEX: (MALE / FEMALE)

COMPLETE ADDRESS: _____
(Physical residential address) STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

"I hereby authorize the Department of Human Services to conduct a criminal background check on myself through the Federal Bureau of Investigations, and for the FBI and Arkansas State Police to release any criminal history information to the Division of Child Care and Early Childhood Education. I also understand that the Identification Bureau of the Arkansas State Police may maintain the fingerprints submitted in an automated fingerprint identification system."

 SIGNATURE OF PERSON TO BE CHECKED DATE

PLEASE CHECK THE APPROPRIATE BOX:

Division of Child Care & Early Childhood Education Applicant:

- | | | |
|---|---|---|
| <input type="checkbox"/> Owner/Operator
(Licensee/Board Member/Director) | <input type="checkbox"/> Child Care Facility Employee | <input type="checkbox"/> Volunteer who is left alone with children, considered in the staff/child ratio or given supervisory/disciplinary control over children |
|---|---|---|

STATE POLICE USE ONLY - DO NOT WRITE IN OR BELOW THIS BOX

Application Record Notification

Notification

Fingerprints submitted will be used to check the criminal history records of the FBI.

*Obtaining Copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

*Change, Correction, or Updating

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Print Name

Date

Signature