

ARKANSAS DEPARTMENT OF FINANCE & ADMINISTRATION
DFA CRIMINAL BACKGROUND CHECK CONSENT FORM /FINGERPRINTING REQUEST FOR APPLICANTS & EMPLOYEES & PROCEDURE TO OBTAIN CHANGE, CORRECTION OR UPDATING OF IDENTIFICATION RECORDS
PAGE 1 of 2

I. Application Information: Type or clearly print answers matching your <u>CURRENT</u> Driver's License or State ID Card					
First Name		Middle Name/Initial		Last Name	
Previous Legal Names, Surnames, Maiden Names, etc. (optional)					Suffix
Place of Birth (State/Country)	Date of Birth(mm/dd/yyyy)	Sex	Race	Social Security Number	
Driver's License/State ID Number			Driver's License/State ID Issuing State	Employee Personnel Number	
Other Valid Identifying Documents (Passport, Birth Certificate, etc.)(optional)					
Daytime Phone Number			Email Address		
II. To be completed by Hiring Official: Type or clearly print					
Applicant's Position Title			Applicant's Position Number		
Hiring Official		Division/Department		Business Area	
PLEASE CHECK TYPE OF BACKGROUND CHECK (Select One):					
<input type="checkbox"/> AR State Background Check <u>ONLY</u>					
State & Federal Background Check			OR		
<input type="checkbox"/> Real ID Access **ONLY Authorized Positions			<input type="checkbox"/> Federal Tax Information Access **ONLY Authorized Positions		
Code: PL-109-13 Employee			Code: ACA 26-17-403		
Requestor/Agency ID: ARRID000Z			Requestor/Agency ID: AR920631Z		
Agency Name: ADMIN SERV DIV DFA			Agency Name: ADMIN SERV DIV DFA		
Real ID Transaction Number (To be Provided by HR)			Federal Tax Information Transaction Number (To be Provided by HR)		
III. To be completed by Fingerprint Technician: Type or clearly print					
Picture ID Type Presented				Printing Process	
<input type="checkbox"/> DL/MVD Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				<input type="checkbox"/> Live Scan <input type="checkbox"/> Ink Card	
Technician's Agency / Company Name		Agency/Company Phone Number		Date Printed	
Live Scan Operator / Fingerprint Technician		Technician Signature			

BACKGROUND CHECK CONSENT FORM/FINGERPRINTING REQUEST

- By my signature below, I certify that the information provided herein is true and correct, and that I have received a copy of this Criminal Background Consent and Fingerprinting Request and Challenge Information.
- I understand the personal information and fingerprints submitted by fingerprint card or live scan are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI).
- I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.
- I certify that I have received and read the PROCEDURE TO OBTAIN, CHANGE, CORRECTION OR UPDATING OF IDENTIFICATION RECORDS.

APPLICANT/EMPLOYEE SIGNATURE: _____ **Date:** _____

APPLICANTS/EMPLOYEES MUST BE GIVEN A COPY OF PAGE 2 FOR THEIR RECORDS.

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I understand that if I am an applicant for any position or an employee within the Arkansas Department of Finance & Administration (DFA) I may be required as a condition of employment to agree to a Criminal Background Check (CBC). In addition, if I am an applicant or employee seeking or holding any position that authorizes the manufacture or production of REAL ID driver's licenses or identification cards or has access to such ability or for a DFA position that has access to Federal Tax Information (FTI), I must agree to a CBC as well as other requirements as more fully explained in DFA Policy 1.3.

I further understand that this information is for the official use of DFA in connection with its determination of my suitability for employment. I consent to any authorized representative of DFA to obtain any information required by law or pertaining to my criminal history record, including but not limited to, any record of arrest or conviction for criminal offenses. I authorize each law enforcement agency to which this form is presented to release any results, upon request of DFA as described above. Copies of this consent that show my signature are as valid as the original signed by me. I understand that periodically additional CBC's may be required. This consent is valid until the termination of my application process, separation of my employment with DFA, or termination of any affiliation with the DFA, whichever is later.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PROCEDURE TO OBTAIN CHANGE, CORRECTION OR UPDATING OF IDENTIFICATION RECORDS

If after viewing the identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to:

FBI - Criminal Justice Information Service (CJIS) Division, ATTN: SCU, Mod. D-2,
1000 Custer Hollow Road, Clarksburg, WV 26306.

The FBI will then forward the challenge to the agency which submitted the results and request that the agency verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original results, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. See 28 CFR Sec.16.34 [Order No. 1134-86, 51 FR 1677, May 6, 1986 as amended by Order No. 2258-99, 64 FR 52226, Sept. 28, 1999].

An employee/applicant with a Disqualifying Conviction will be notified in writing to contact DFA HR within 5 days of the mailing or notification. After the applicant contacts DFA HR, the applicant will be given 7 working days while an applicant challenges the conviction. An Administrator or designee may authorize up to an additional 7 working days to challenge the Disqualifying Conviction. A current employee with a Disqualifying Conviction will immediately be placed in Leave Without Pay (LWOP) status for up to seven (7) working days. Administrator may authorize additional LWOP on a case-by-case basis.

Following the challenge period in referenced above, and with confirmation from the applicant or employee that the disqualifying conviction has been removed from the record, DFA-HR will obtain a new background check for the applicant/employee, at which time the results of the background check will be considered final. If the applicant/employee is not successful in the challenge within the challenge period, the employee may be terminated.

DFA-HR will not accept a judge's order or a letter from a court stating the intent to expunge or seal a record. It is the responsibility of the applicant/employee to work with ASP and the ACIC to ensure that the updated results are entered into their system within the challenge period so that a new record can be run for the employee or applicant to determine eligibility of employment.

APPLICANT/EMPLOYEE SIGNATURE: _____ **Date:** _____

APPLICANTS/EMPLOYEES MUST BE GIVEN A COPY OF THIS PAGE FOR THEIR RECORDS.