REQUEST FOR CRIMINAL RECORD CHECK (DPSQA)

State Criminal Record Check Only:

- 1. This form must be completed and signed.
- 2. \$22.00 will be paid to the Arkansas State
 Police at
 https://www.ark.org/criminal/index.php. If you do not have an account with INA, this fee is \$25.00
- This form <u>must</u> be uploaded onto the above website with the background check request.

<u>State Criminal & National Criminal Record</u> Check:

- 1. This form must be completed and signed.
- \$36.25 will be paid to the Arkansas State
 Police at
 https://www.ark.org/criminal/index.php. If you
 do not have an account with INA, this fee is
 \$38.25.
- 3. This option shall only be used if the Applicant has not been a resident of Arkansas for the five (5) years prior to their application.
- This form <u>must</u> be uploaded onto the above website with the background check request.

Name of person to be checked:	Last Name	Last Name First Name			Middle N	Middle Name	
Current address							
	Street			City	State	ZIP Code	
Maiden Name		Aliases		Date of Birth (month/day/year	·)	Telephone	
Social Security Numb	 er	Race	Sex (M/F)	Driver's License Number		State of Issuance	
Eye Color	Hair Color			Height	Weight	<u></u> :	
State of Birth			ountry of Citizensh	in			
Commu Adult D First Co EIDT or Alterna	aiver Program/Pounity Support Systevelopmental Date onnections Providenter tive Living est is for employ	stems Prov ay Treatme der not wo	ent Provider rking in a licer				
		past felony	or misdemea	nor charges for which the	ey were fou	nd guilty or to which	
Date of charge	<u>Location</u>		<u>Descripti</u>	on of charge	Sentence	e/Disposition	

Notice to Applicant: By signing this form you give consent for the Arkansas State Police to release your national criminal history to the Division of Provider Services & Quality Assurance (DPSQA) for employment purposes. Pursuant to Arkansas Code Ann. § 20-38-101 et. seq. The Applicant will receive a letter if they were disqualified advising them of their rights and the process to challenge the results. Prior to the determination of eligibility, the employer may choose to deny any employee unsupervised access to a person to whom the employer provides care.

Challenge Information: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.

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 FBJ'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.

Statement of Oath: I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

Signature	of Applicant/Employee	Date
********	*******	**********
F	OR ARKANSAS STATE POLICE ONLY	
82005 Civil Records Check \$25	800	07 & 80006 National Records Check\$13.25