

## **Request for Criminal Disclosure and History**

Submit this form, along with a P-001, to your Appointing Authority. For job applicants only. **Volunteers only:** Background check update

Applicant info	mation (M	IUST be	complete	ed by applica	ant u	sing full legal na	ame <b>by ha</b>	and, no	ot typed.)		
Name as stated on Social Security Card (Last, First, MI			Maiden name/All known aliases						Sex	Female	
Date of birth	Social Security number			Physical address							
Place of birth	Mailing address (if different)										
Height We ft. in.				Eye color		Race			Country of citizenship		
Do you have a vali	Yes										
	provide proof that it is valid.) State issued:			Issuance date:							
<b>Criminal disclosure</b> (List convictions and incarcerations for (1) all prior felony offense(s), (2) all gross misdemeanor offense(s) and (3) all offense(s) involving theft, violence and/or sexual misconduct. Include those sentences that were suspended and/or deferred and those issued by a juvenile court where the defendant was 15 years of age or older at the time the offense was committed. Do not include convictions vacated by a court and removed from the official record.)											
Date(s) Crime(s)				If incarcerated: Give locati If not incarcerated: Please				•	.,		
If you have identified any convictions or incarcerations above, have you received final discharge from supervision, including all civil rights being restored?											
to be fingerprinted; or with individuals who make false statements verbally or in writing regarding their criminal background. Any person making false statements regarding their criminal background may be denied employment or their employment terminated. As an applicant, volunteer, or independent contractor, by my signature below, I understand I may be fingerprinted and an FBI background check will be conducted. The information gathered may include, but not be limited to arrests and convictions, prior employment, and education. I understand untruthful or misleading answers or deliberate omissions will be cause for rejection of my application, removal of my name from eligible registers, or dismissal if employed or working as a volunteer or independent contractor.  Applicant signature Date By completing, signing, and submitting this form, you are giving your authorization to release information and are verifying that you have received and acknowledge the FBI's Privacy Act Statement, and the Non-Criminal Justice Applicant's Privacy Rights attached to this document. Please refer to the document provided to you for important information regarding background checks, and non-criminal justice applicant privacy rights.											
Employer sect	-										
Name of person requesting background check Title						Location	Applic		cant Park location		
Type of request											
Job applicant	🗌 Volunt	eer	Conc	cessionaires	3	Independent	t contracto	or			
Human Resources / Volunteer Program use only											
WATCH Check											
Meets Re	eturning emp	oloyee	Comple	pleted by:			Date completed:				
Year fingerprinted:		NCSI date ran									
Driver's license											
Valid driver's license Yes No			Completed by: Date completed:								
Suitability revie	nts										
Appointing authority			Approved Recommended denial Supervisor notified								
Appointing authority contacted			Date:								
Completed by			Signature				Date				
			_								



WASHINGTON STATE PARKS AND RECREATION COMMISSION HUMAN RESOURCES

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## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. 1 These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. 2
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>&</sup>lt;sup>2</sup> https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

<sup>&</sup>lt;sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## **Privacy Act Statement**

## This privacy act statement is located on the back of the **FD-258** fingerprint card.

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.

As of 03/30/2018