



Arkansas Department of Military
 Cabinet Secretary - Brigadier General Olen Chad Bridges,
 The Adjutant General

**STATE EMPLOYEE
 CRIMINAL RECORD CHECK**

Section I: State Check Completed Online

Instructions: The division contact completes the Online State Check.

Section II:

| | | |
|---|---|-------------------|
| _____ Division/Office/Facility submitting form | _____ Address | _____ City/Zip |
| _____ Name of contact person | _____ Telephone number (include area code) | |

Section III: Person to be checked: _____

Enter Name and DOB as it currently appears on driver's license or identification

| | | | | |
|---|------------------|--|----------------------------------|----------------------------|
| _____ Maiden Name | _____ Aliases | _____ Date of Birth (mm/dd/yy) | | |
| _____ Person's address (street, city, zip) | | _____ Current or last place of employment | | |
| _____ Social Security Number | _____ Race | _____ Sex (M/F) | _____ Driver's License Number | _____ State of Issuance |

Have you lived continuously in the State of Arkansas Yes No
 for the past five years?

Note: The name, address and date of birth listed above must appear on a valid identification document issued by a government entity.

Please list the identification document used, if not the person's driver's license. _____

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty of or pled nolo contendere to:

| Date of Charge | Location | Description of Charge | Sentence/Disposition |
|----------------|----------|-----------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Section IV: Notice: Your current or potential employer may receive copies of the criminal record report or determination of employment eligibility. Prior to completion of a criminal records check, the employer may choose to deny an employee unsupervised access to a person to whom the employer provides care. Any challenges to the accuracy of the report should be directed first to the State Identification Bureau (501) 618-8500, #1 State Police Plaza Drive, Little Rock, Arkansas 72209.

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.

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal records check on myself and release any results to the Department of the Military, Camp J. T. Robinson, Building 4201, P.O. Box 28, North Little Rock, AR 72199.

I also authorize the Arkansas State Police to give the above-mentioned party access to my records through the Criminal Background Check System on an annual basis. I further authorize a national record check through the Federal Bureau of Investigation.

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

Statement of Veracity:

By signing below, I affirm that I have read the privacy statement above and the representations made herein are true and correct to the best of my knowledge.

Signature of Applicant/Employee

Date
