

REQUEST FOR CRIMINAL RECORD CHECK (DPSQA)

State Criminal Record Check Only:

1. This form must be complete, signed, and notarized.
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
3. This form **must** be uploaded onto the above website with the background check request.

State Criminal Record Check & National Record Check:

1. This form must be complete, signed, and notarized.
2. \$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.
4. This form **must** be uploaded onto the above website with the background check request.

Name of person to be checked:	Last Name		First Name		Middle Name
Current address	Street		City	State	ZIP Code
	Maiden Name	Aliases	Date of Birth (month/day/year)		Telephone
	Social Security Number	Race	Sex (M/F)	Driver's License Number	State of Issuance
	Eye Color	Hair Color	Height	Weight	
	State of Birth		Country of Citizenship		

The person listed above has lived continuously in the state of Arkansas for the last five (5) years: Yes ☐ No ☐
If "No" the applicant will be required to submit to a national background check using fingerprinting.

I attest, I am applying for a Position with a: (Select One)

☐ Long-Term Care Facility

☐ Waiver Service Provider

☐ Other (Description) _____

and this request is for employment purposes only. Initials:

Job Title:

The person listed above must list all past felony or misdemeanor charges for which they were found guilty or to which they pled guilty or nolo contendere:

<u>Date of charge</u>	<u>Location</u>	<u>Description of charge</u>	<u>Sentence/Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: Procedures to obtain a copy of your national criminal history record or to change, correct or update your record are available on the FBI website <http://www.fbi.gov/about-us/cjis/background-checks>.

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.

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

Notarization: State of Arkansas County of _____ Subscribed and sworn to before me, a Notary Public, in and for the county and state noted above this the _____ day of _____.

Notary Public

My commission expires on _____, (year)_____.

(Notary Seal)

FOR ARKANSAS STATE POLICE ONLY

_____ 82005 Civil Records Check

_____ 80007 & 80006 National Records Check

DPSQA- Criminal/National Record Check