



Rincon Police Department

Chief Jonathon Murrell

Name: _____

Date Received: _____

Position Applied For:

Chief: _____

CID: _____

Please fill out completely and attach the following documents:

Copy of your Birth Certificate

Copy of your Driver's License

Copy of your Social Security Card

Copy of your High School Diploma or GED Certificate

Copy of your DD-214 Long Form (if applicable)

Copies of any certificates of training in the area of Law Enforcement or security work

Copy of your Marriage License and Divorce Decree (if applicable)

Certified Driver History for 7 years (must be obtained from Georgia State Patrol at your expense)

When you have completed your application and have all copies of all needed documentation, please bring your application to:

Rincon Police Department
107 W. 17th Street
Rincon, Georgia 31326

WITHOUT THE ABOVE DOCUMENTATION, YOUR APPLICATION WILL NOT BE PROCESSED.

Applications will be held for a six month period.

IMPORTANT NOTICE

IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS IN YOUR INTERVIEWS, ON YOUR APPLICATION, AND PERSONAL HISTORY STATEMENT.

A MIS-STATEMENT OF FACT, OR THE OMISSION OF REQUESTED INFORMATION IS GROUNDS FOR **AUTOMATIC** REJECTION.

WE HAVE FOUND IN THE PAST THAT SOME APPLICANTS HAVE BEEN REJECTED BECAUSE OF A MIS-STATEMENT OR OMISSION WHERE THE FACT WHICH THEY ATTEMPTED TO HIDE WOULD NOT HAVE BEEN REASON FOR REJECTION.

WE ENCOURAGE YOU TO BE ABSOLUTELY TRUTHFUL IN THESE MATTERS.

INSTRUCTIONS AND INFORMATION
PLEASE READ CAREFULLY BEFORE BEGINNING

1. An investigation will be conducted by personnel in the Office of Professional Standards based on the information you provided in this application. It is critical that you fill out this application completely, truthfully, and accurately. At any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted, or falsified any information, you will be automatically disqualified from further consideration.

It is imperative that you list any convictions to include a finding or a verdict of guilt, a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the judgement of guilt or sentence is withheld or not entered thereon. This includes first offenders (OCGA §35-8-7.1). Do not leave blanks in this booklet. If an item does not apply, write N/A.

I fully understand what I have read.

Applicant Signature

Date

Notary Public

Date

Investigator Signature

Date

2. Please complete the application in full to include your signatures and required notary sections.
3. If you are a Georgia Certified Police Officer registered with the Georgia Peace Officer Standards and Training Council (POST), please attach a copy of your basic certificate displaying your certification number.
4. The following situations **WILL** prohibit an applicant from serving as a law enforcement officer:
 - a. Conviction in any court of a felony offense.
 - b. Conviction in any court of a drug related offense.
 - c. Any medical, physical, or mental condition which would prevent an applicant from satisfactorily performing assigned duties or complying with regulation of the Georgia POST Council.
5. The following situations **MAY** prohibit an applicant from serving as a law enforcement officer:
 - a. Any pending criminal action in court.
 - b. A military discharge other than honorable.
 - c. Seven (7) or more points accumulated against driver's license at the time of the application.
 - d. Not a citizen of the United States.

****** An applicant who has received an official pardon or other similar action for any offense or applicable condition as stated above is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.

6. If you have any questions regarding this application, please contact the Rincon Police Department at (912) 826-5200.
7. The following is a checklist for your convenience. You are urged to use it, as an incomplete application cannot be processed. Upon completion of the application, refer to the checklist to make sure no information has been omitted.

_____ All questions answered; those not applicable to be marked N/A.

_____ I have attached copies of the following:

_____ Birth Certificate

_____ High School Diploma

_____ Valid Driver's License

_____ Seven (7) years driver's history

_____ Social Security Card

_____ DD-214 Long Form (if applicable) showing character of service

_____ Application is signed and dated.

All forms so noted have been signed in the presence of a Notary Public. These forms **MUST** bear the signature, stamp, and seal of a Notary Public.

PERSONAL INFORMATION

1. Name: _____
2. Date of Birth: _____ Place of Birth: _____
3. Social Security Number: _____
4. Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
5. Are you a US Citizen? Yes _____ No _____ Natural Born _____
6. Have you ever used any other name? Yes _____ No _____
7. Have you ever legally changed your name? Yes _____ No _____ If "Yes," what
was your former name? _____
8. Present Address: _____
City: _____ State: _____ Zip: _____
9. Home Phone Number: _____
Work Phone Number: _____
Mobile Phone Number: _____
Email Address: _____
Social Media Accounts (Facebook, Twitter, etc.):
 - a. _____
 - b. _____
 - c. _____
 - d. _____

10. How long at present address? _____

Rent: Yes _____ No _____

Name of Landlord: _____

Own: Yes _____ No _____

Live with Family: Yes _____ No _____

11. Previous addresses if less than 10 years beginning with the most current:

12. Have you ever filed an application with the Rincon Police Department before?

Yes _____ No _____

If so, when and for what position(s): _____

MILITARY SERVICE

13. Complete military service:

Branch of service: _____ Active Guard Reserve (Check applicable)

Service number: _____ Dates of service: _____

Highest Rank attained: _____ MOS/Rating: _____

14. If member of Reserve or Guard Unit, specify Branch and Unit: _____

—

15. Did you ever receive any type of disciplinary action? Yes _____ No _____

Court Martial? _____ AWOL? _____ Reduction in Rank? _____

Article 15? _____ Any Other? _____

16. Name your last supervisor: _____

Phone Number and Unit: _____

FORMAL EDUCATION

17. Highest grade of school completed: _____

18. Did you graduate from high school: _____ Dates attended: _____

19. Name of High School: _____

City/State: _____

20. If you did not graduate from high school, do you have a GED certificate?

Yes _____ No _____ Date Obtained: _____

21. Give names and locations of any Colleges and Universities you have attended, and major course of study:

22. Check highest year of college completed: 1 2 3 4 Degree/Year Obtained: _____

23. Graduate School: 1 2 3 4 Degree/Year Obtained: _____

24. Do you have any special skills or training that would be helpful to you if you were selected for a law enforcement position? _____

25. Do you read, write, or speak any foreign languages? Yes _____ No _____

If so, please list: _____

26. If you wear corrective lenses (glasses or contacts) and you lost them during a scuffle with a suspect or inmate, could you still function? Yes _____ No _____

LAW ENFORCEMENT EMPLOYMENT HISTORY

27. List ALL previous law enforcement employment, starting with the most recent:

a. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

b. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

c. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

d. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

e. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

**COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW
ENFORCEMENT OFFICER. THIS DOES NOT INLCUDE SECURITY EXPERIENCE.**

28. Are you currently a peace officer? Yes _____ No _____

29. If "Yes," State of Certification: _____ Certification Number: _____

30. Certification Type: _____

31. Certification Date: _____

Name and Location of Police Academy: _____

32. How many years of law enforcement do you have? _____

33. Have you ever been the subject of an internal investigation? Yes _____ No _____

If "Yes," attach an explanation to this application giving full details.

34. Has disciplinary action ever been taken by your certifying agency (POST)? Yes _____ No _____

If "Yes," attach an explanation to this application giving full details.

35. Have you ever qualified with a weapon?

Lethal: _____

Less Lethal: _____

NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

36. List previous employment for the past ten (10) years or to your 18th birthday, whichever is the longer, beginning with the most recent.

a. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes _____ No _____

b. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes _____ No _____

c. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes _____ No _____

d. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes _____ No _____

e. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes _____ No _____

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

CRIMINAL RECORD (PLEASE CHECK APPROPRIATE RESPONSES)

37. Have you ever been arrested, charged, indicted, or convicted of a felony offense?

Yes _____ No _____

38. Have you ever been arrested, charged, indicted, or convicted of a firearms or explosives charge?

Yes _____ No _____

39. Have you ever been arrested, charged, indicted, or convicted of any offenses related to alcohol or drugs (including DUI)?

Yes _____ No _____

40. Are there currently any charges pending against you for any criminal offense?

Yes _____ No _____

41. Have you ever been arrested, charged, indicted, or convicted of any type of offense (including traffic citations, warrants, or misdemeanors)?

Yes _____ No _____

42. Have you ever been arrested, charged, indicted, or convicted of a domestic violence offense?

Yes _____ No _____

43. Have you ever been named as a defendant in a Protective Order from any court?

Yes _____ No _____

EXPLAIN BELOW ANY QUESTION THAT YOU ANSWERED "YES" TO ABOVE.

Date of Offense	Offense	Law Enforcement Authority/Court
-----------------	---------	---------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

DRIVING RECORD

44. Can you operate a motor vehicle? Yes _____ No _____

45. Do you possess a valid Georgia Driver's License? Yes _____ No _____

If "Yes," License Number: _____ Expiration Date: _____

46. Has your license ever been suspended or revoked? Yes _____ No _____

If "Yes," License Number: _____ State: _____

For what reason: _____

Was it restored: Yes _____ No _____

47. Have you ever been refused a license by any state? Yes _____ No _____

48. Give details of any motor vehicle accidents you have been involved in.

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

PERSONAL REFERENCES

49. Personal References (other than family members and former employers/supervisors)

a. Name: _____

Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

b. Name: _____

Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

c. Name: _____

Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

CREDIT REFERENCE

50. Credit References

a. Name: _____

Address: _____

Type of Account: _____

Phone Number: _____ Contact Person: _____

b. Name: _____

Address: _____

Type of Account: _____

Phone Number: _____ Contact Person: _____

c. Name: _____

Address: _____

Type of Account: _____

Phone Number: _____ Contact Person: _____

BACKGROUND INFORMATION

51. Marital Status:

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

52. Spouse's Name: _____

53. Spouse's Maiden Name: _____

54. Spouse's Date of Birth: _____ Place of Birth: _____

55. Spouse's Occupation: _____

56. Spouse's Employer: _____

57. Spouse's Employer Address: _____

58. Spouse's Employer Phone Number: _____

59. Spouse's Length of Employment: _____

60. Date of Marriage: _____

61. Is your spouse in favor of you becoming a law enforcement officer? Yes _____ No _____

62. Closet Living Relative: _____

63. Are you supporting all living children born to you or adopted by you? Yes _____ No _____

64. Are you related to any City of Rincon employee? Yes _____ No _____

If "Yes," name the employee: _____

What department do they work for? _____

65. Do you know any employees of the City of Rincon? Yes _____ No _____

If "Yes," please list their names: _____

OTHER INFORMATION

66. This position may require you to:

Wear a uniform Do you object to doing so? Yes _____ No _____

Work rotating shifts Do you object to doing so? Yes _____ No _____

Work overtime Do you object to doing so? Yes _____ No _____

67. Have you ever experienced shift work? Yes _____ No _____

If "Yes," when and where? _____

68. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.

Agency	Date	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____

69. Do you drink alcoholic beverages? Yes _____ No _____

If "Yes," when was the last time? _____

70. Have you ever used marijuana? Yes _____ No _____

If "Yes," when was the last time? _____

71. Have you ever used any other illegal drugs, opiates, pills, etc? Yes _____ No _____

If "Yes," what were the circumstances? _____

72. Do you know now, or have you ever associated with anyone that used illegal drugs?

Yes _____ No _____

73. Have you ever been fired or permitted to resign from employment for a breach of trust, embezzlement, theft, or other crime? Yes _____ No _____

If "Yes," please provide circumstances: _____

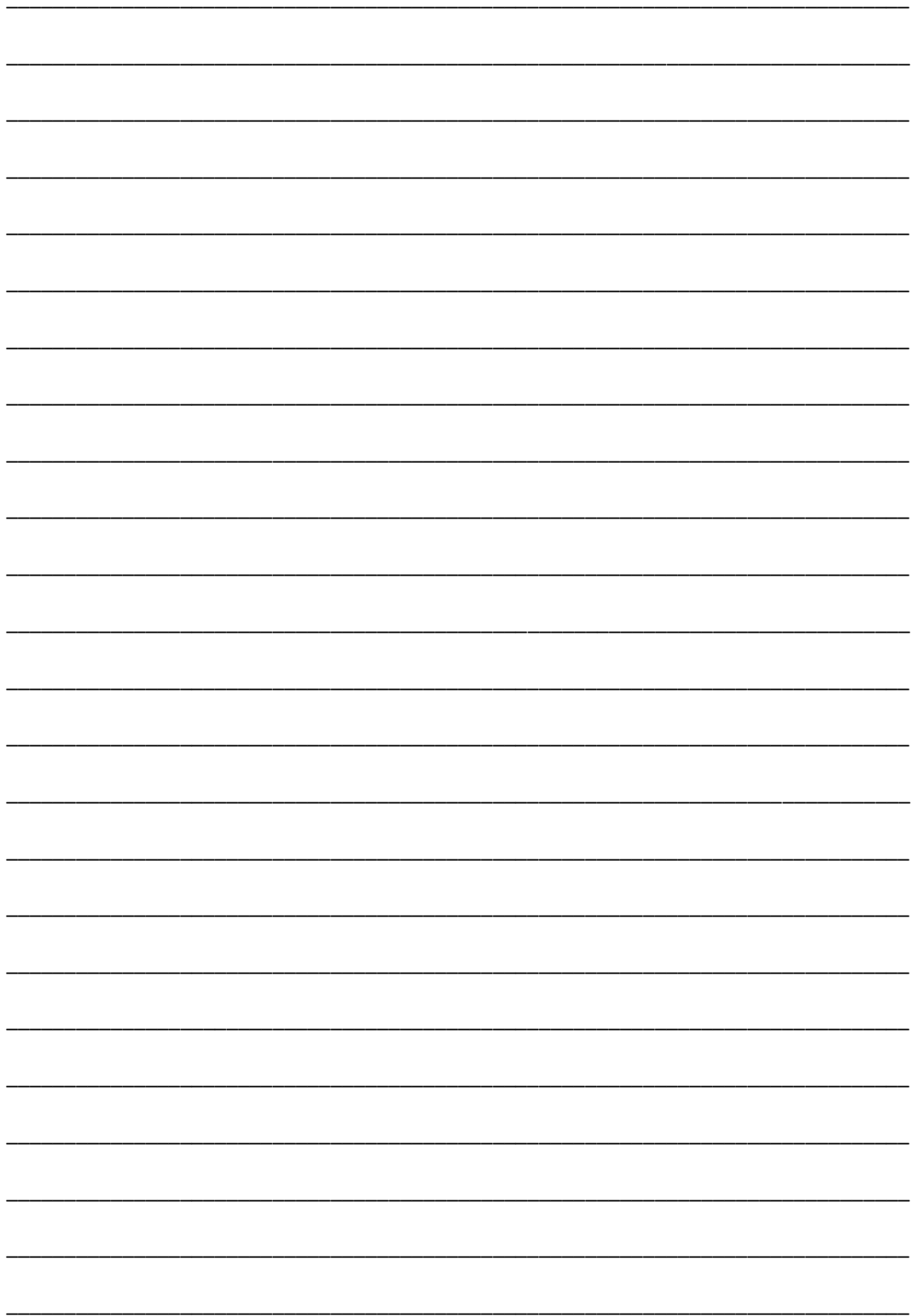
74. Have you ever been fired or permitted to resign from employment for abuse of authority, insubordination, or ANY other disciplinary reason? Yes_____ No_____

If "Yes," please provide circumstances: _____

75. If it became necessary in the course of law enforcement duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Yes_____ No_____

If "Yes," give details: _____

76. In the space provided below, give a brief biography or history of yourself. Begin with your past, bringing yourself into the present, and project yourself into the future. Tell where you were born, where you grew up, significant experiences and accomplishments in your life. Tell something about your hobbies, special interests, and any other subject which "zeros" in on your individuality. Also, describe your reasons for applying for a position with the Rincon Police Department. If you need additional space, attach a separate page to this application.





Rincon Police Department

Chief Jonathon Murrell

FAIR CREDIT REPORTING ACT AUTHORIZATION TO OBTAIN INFORMATION

In undertaking this agreement, I understand that I have certain rights under the Fair Credit Reporting Act which include but are not limited to the following:

- You must be told if information in your file has been use against you.
- You can find out what is in your file.
- You can dispute the inaccurate information with the CRA.
- Inaccurate information must be corrected or deleted.
- You can dispute inaccurate items with the source of information.
- Out-dated information may not be reported.
- Your consent is required for reports that are provided to employers or reports that contain medical information.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.
- You may seek damages from violators.

Being knowledgeable of my rights under the Fair Credit Reporting Act, I hereby authorize the Rincon Police Department to order and obtain a Consumer Report to be used for employment consideration.

Printed Full Name

Date

Signature

Department Witness

CRIMINAL JUSTICE EMPLOYMENT RELEASE WAIVER FRO NEW APPLICANTS

**CONSENT TO BACKGROUND INVESTIGATION: DRUG TESTING AND
PHYSICAL AND PSYCHOLOGICAL TESTING**

TO: Rincon Police Department
P.O. Box 232
Rincon, GA 31326

RE: Name: _____

SSN: _____ DOB: _____

Driver's License State/Number: _____

Address: _____

City, State, Zip: _____

Sex: _____ Race: _____ HGT: _____ WGT: _____

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable), credit history report, medical records, full and complete disclosure of the records of educational institutions, financial statements and records, wherever filed; Veterans administration; employment and re-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND DRUG SCREEN TESTING. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT DRUG SCREEN TESTING MAY REQUIRE ME TO PROVIDE BLOOD, BREATH, URINE OR OTHER BODILY SUBSTANCE FOR COMPLETE DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be made known to the officers and employees of the Rincon Police Department, as well as the officers and employees of the City of Rincon Personnel Department and the Georgia Peace Officer Standards and Training Counsel. I am aware that such information is required for application for POST certificate as a law enforcement officer, and for employment with the Rincon Police Department. I certify that if any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, THE CITY OF RINCON AND ITS EMPLOYED AND ELECTED OFFICIALS FROM ANY CIVIL LIABILITY OF ANY KIND OF DESCRIPTION AND INCLUDING ANY ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment, of promise, or reward, and with full and complete understanding of the terms and consequences of my action.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This _____ day of _____, 20____

Legal Signature

Sworn in the presence of _____
Notary Public



Rincon Police Department

Chief Jonathon Murrell

Georgia Bureau of Investigation
Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the **RINCON POLICE DEPARTMENT** to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (Print)

Sex

Date of Birth

Georgia Driver's License Number

Signature

Date



Rincon Police Department

Chief Jonathon Murrell

INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I fully recognize that under Georgia law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of peace officer. I further recognize that an employing agency has both a legal and moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in Georgia. I understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless authorized to do so and held harmless for cooperating in this process.

I hereby authorize the Rincon Police Department (RPD) and any agent or representative thereof, including officers on its police force, within one year of the date hereof, to obtain any information pertaining to me from any individual or entity, including any physician or medical provider, court, present or former employer, records custodian, credit bureau, property manager, financial institution, educational institution, or law enforcement agency. The information that I authorize to be obtained includes but is not limited to medical records, employment and disciplinary records, records regarding eligibility for rehire, and records and information relating to my job performance and behavior.

I hereby release and hold RPD and its police officers, agents, employees, and representatives and all persons providing the information described herein to RPD from any and all liability to me of whatever kind or nature which may result from compliance or attempts to comply with this authorization, or which results from providing the information described in this harmless any present or former employer from any and all liability for disclosing complete and accurate employment -related information about me, including records or personnel files that relate to my performance or behavior while employed by such employer.

I have had adequate time to review this form, I understand its meaning and purpose, and I have been furnished a copy of it.

Date this _____ day of _____, 20____ in the County of Effingham ,
State of Georgia.

Applicant Signature

Witness Signature

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice 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. 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 Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- 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 explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your 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 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 the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your 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 find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge 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 the 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.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) 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.

Principle 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 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

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 of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date