Fifth Judicial Circuit

EMPLOYMENT BACKGROUND CHECK USE ONLY REQUEST FOR FINGERPRINTING SERVICES

NAME:

Last	First		Middl	Middle	
ALIAS NAME(S):					
Nickname and/or Maiden	Name(s)				
PERSONAL INFORMATION	:				
	K	-olCIAT			
Social Security Number	Date	of Birth State of Birth	Driver	's License Number/ State	
CITIZENSHIP:	2)	REASON	I FOR PRINT	<mark>-S:</mark>	
14	7/	O Employee O Contract O Mediator O Intern	tor O Inte O Oth	erpreter O Process Server	
14	1	O Mediator O Intern	0.011		
ADDRESS:					
		1 15-76			
Street Name			PO Bo	ox Number	
City PERSONAL IDENTIFIERS:	St	tate	Zip C	Code	
	0		1	~ /	
O MALE O FEMALE		e (non-Hispanic) O Black (no or Pacific Islander O Native Ar	n-Hispanic)	O Hispanic O Other (specify)	
Sex	Race		incincult		
O Blue O Brown O	Gray	O Black O Blonde	O Brown	O Sandy	
O Green O Hazel	'	O Red/Auburn O Gray	O White	O Bald	
Eye Color		air			
				ORI	
leight Weight					
-		C		FL 035015J	
PHONE NUMBER(S):					
		/ork	Other		
	\ A		()Tho		
Home					
Home		****CIRCUIT 5 USE ONLY*			
Home DATE:	****		*****	Hotfile#:	



APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

I hereby authorize the Fifth Judicial Circuit to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

• My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.

• A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.

• I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.

• I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature:	

Print Name:

Date: _____