



DINWIDDIE COUNTY PUBLIC SCHOOLS

VOLUNTEER RESPONSIBILITY CHECKLIST

PLEASE COMPLETE ALL DOCUMENTS LISTED BELOW UNLESS OTHERWISE INSTRUCTED.

- Print this document and all other documents listed under Required Volunteer Documents.
- All forms must be completed and turned in to the Human Resources Office prior to volunteering at Dinwiddie County Public Schools.
- If you do not have access to a printer, you may complete the forms, save to a flash drive and bring to the Human Resources office or schedule an appointment to complete your forms at the Human Resources office.
- The Human Resources Office is located in the Pamplin Administration Building, [14016 Boydton Plank Road, Dinwiddie, VA 23841](#)
- Required Volunteer Documents may be submitted any time [Monday – Friday, 8:00 a.m. to 4:00 p.m.](#) in the Human Resources Office. No appointment is necessary if all forms have been completed. We cannot accept any paperwork through email.
- If you have any questions about these requirements, you may contact Human Resources by email or phone.

<input type="checkbox"/>	<i>Volunteer Responsibility Checklist</i>	<ul style="list-style-type: none"> ● Print this checklist as the cover page for your packet.
Required Volunteer Documents		
<input type="checkbox"/>	<i>Background and Criminal History Record Search (FBI Fingerprint LIVE SCAN)</i>	<ul style="list-style-type: none"> ● All School Division volunteers are required to undergo an FBI Fingerprint and Criminal Background Investigation, conducted at the Dinwiddie County Public Safety building. The LIVE SCAN card is not available online. Volunteers may pick one up in the Human Resources Office. ● The search will disclose convictions nationwide and the <i>results must be received before volunteering.</i> This could take 6-8 weeks if there is any arrest or conviction history.
<input type="checkbox"/>	<i>Central Registry Release of Information (CPS Form)</i>	<ul style="list-style-type: none"> ● All School Division volunteers are required to have a Child Offender Background Investigation before volunteering. ● DO NOT SIGN this form before coming to HR; we will notarize it for the volunteer. ● NO FEE IS REQUIRED. ● Answer all questions completely and accurately by typing or printing clearly in black ink. ● Forms that contain strike outs, correction tape, or "white-out" will be returned. ● All sections MUST BE completed. If left blank the form will be returned. ● If a middle name is an initial, indicate "initial only" otherwise, enter a full birth middle name. If, no middle name, write "NMN". ● If any answer is none, write "N/A", except for maiden name (leave blank) and middle name (write "NMN"). ● If extra space is needed to complete the form (i.e., providing information on addresses, spouses, and children), attach an additional sheet along with the form to be mailed.

<input type="checkbox"/>	<p><i>Employee Demographic Record</i></p>	<ul style="list-style-type: none"> ● All School Division volunteers need to complete the top portion of this form with their contact information, as well as, their emergency contact information. ● The remainder of the form (<i>gender, date of birth, marital status, ethnicity, education and veteran status</i>) is voluntary. Pursuant to federal regulations, we collect responses to these questions for record keeping/statistical purposes only. Federal law prohibits unlawful discrimination based on race, color, sex, age, national origin, religion, or disability. ● Volunteers may provide future updates to HR.
<input type="checkbox"/>	<p><i>Physician's Certificate (Tuberculin Screening)</i></p>	<ul style="list-style-type: none"> ● All School Division volunteers must provide proof of a negative tuberculin test dated within one year of the volunteer's start date. ● Volunteers who have not had a recent TB test are expected to have the screening performed and documented on the certification form. ● Dinwiddie County Public Schools does not pay for the cost of the TB test. Volunteers may use a doctor or facility of their choice at their own expense. ● A volunteer's TB test must be completed before bringing their documents into HR.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<p>QR Code - Section 1 Do Not Write In This Space</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write in This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Human Resources Specialist	
Last Name of Employer or Authorized Representative McCoun	First Name of Employer or Authorized Representative Kathy	Employer's Business or Organization Name Dinwiddie County Public Schools	
Employer's Business or Organization Address (Street Number and Name) 14016 Boydton Plank Road	City or Town Dinwiddie	State VA	ZIP Code 23841

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable Immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



DINWIDDIE COUNTY PUBLIC SCHOOLS

HUMAN RESOURCES DEPARTMENT

EMPLOYEE DEMOGRAPHIC RECORD

NAME _____
First Name, Full Middle Name, Full Last Name

EMAIL ADDRESS _____

POSITION _____

LOCATION _____

SOCIAL SECURITY NUMBER _____

TELEPHONE _____
(Include Area Code)

ADDRESS _____

CITY _____

STATE _____ ZIP _____

IN AN EMERGENCY PLEASE NOTIFY

NAME _____ TELEPHONE _____
(Include Area Code)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____
(Spouse, parent, child, other)

The Dinwiddie County School Board is an equal opportunity employer. Subject to Title VI and Title VII of the Civil Rights Act of 1964 and the Uniformed Services Employment and Reemployment Rights Act (USERRA), the Dinwiddie County School Board may be required to submit reports to federal, state or legal entities to identify the number of our employees belonging to each specified protected veteran category, gender and race/ethnicity category.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, maintained separate from other personnel records and only accessed by the human resource department.

Gender ☐ Female ☐ Male Date of Birth _____ MARITAL STATUS Married ☐ Single ☐
(Month/Day/Year)

CHECK (✓) THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY

- ☐ **White (not Hispanic or Latino)** *(A person having origins in any of the original peoples of Europe, the Middle East or North Africa)*
- ☐ **Black (not Hispanic or Latino)** *(A person having origins in any of the black racial groups of Africa)*
- ☐ **Hispanic or Latino** *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)*
- ☐ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** *(A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)*
- ☐ **Asian (not Hispanic or Latino)** *(A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)*
- ☐ **American Indian or Alaska Native (not Hispanic or Latino)** *(A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)*
- ☐ **Other** _____

CHECK (✓) THE HIGHEST LEVEL OF EDUCATION COMPLETED (Check only one)

- ☐ Less than 8th Grade
- ☐ Completed 8th Grade
- ☐ Attended High School
- ☐ High School Graduate or Equivalent
- ☐ Attended College and/or Associate's Degree
- ☐ College Graduate
- ☐ Attended Graduate School
- ☐ Master's Degree
- ☐ Graduate Study beyond Master's Requirements
- ☐ Ph. D. or Professional Degree

PROTECTED VETERANS (choose ALL that apply)

- ☐ **Active duty wartime or campaign badge Veteran** (a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.)
- ☐ **Armed Forces Service Medal Veteran** (any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159.)
- ☐ **Disabled Veteran** (a veteran of the U.S. military, ground, naval or air service who (1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) was discharged or released from active duty because of a service-connected disability.)

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

- ☐ **Recently Separated Veteran** (a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.)
- ☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- ☐ I am NOT a protected veteran.

Signature _____ Date _____

Dinwiddie County Public Schools
14016 Boydton Plank Road, P.O. Box 7
Dinwiddie, Virginia 23841
(804) 469-4190



Dinwiddie County Public Schools
14016 Boydton Plank Road / P.O. Box 7
Dinwiddie, Virginia 23841

**PHYSICIAN'S TUBERCULOSIS CERTIFICATION
FOR EMPLOYEES OF
DINWIDDIE COUNTY PUBLIC SCHOOLS**

“As a condition to employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician, or by a registered nurse licensed pursuant to Article 2 (§ [54.1-3016](#) et seq.) of Chapter 30 of Title 54.1, stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, X-rays and other examinations, singly or in combination, as are deemed necessary by a licensed physician that have been performed within the twelve months' period immediately preceding submission of the certificate. After consulting with the local health director, any school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment.”

Code of Virginia § 22.1-300

Name of Employee _____ Sex _____ Birth Date _____

Address of Employee _____

In compliance with State law, on the basis of chest x-ray, tests and/or examinations, I hereby certify that the above named is believed free of communicable tuberculosis as of this date.

Signature of Health Care Provider _____

Address of Health Care Provider _____

Phone Number of Health Care Provider _____

Date of Examination _____

I am a licensed health care provider in _____, United States of America.
(State or District)

This form MUST be returned to the Human Resources Department, Dinwiddie County Public Schools



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF STATE POLICE

National Criminal Record Request for Employees or Volunteers Providing Care to Children, the Elderly, or Disabled under the National Child Protection Act and the Volunteers for Children Act

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom national criminal history records are requested by a qualified business/organization under these laws.

Instructions to the Applicant/Volunteer and Qualified Business/Organization:

- **Applicant** must provide name, address and date of birth and sign the disclosure in Section I. Optionally, the Applicant may complete and sign the Waiver Agreement and Statement in Section I. One Applicant Fingerprint Card (FD-258) must be completed and submitted with this form.
- **Qualified Business/Organization** must complete all information in Section II. Complete payment information in Section III. Mail a *copy* of this completed form and Applicant Fingerprint Card (FD-258) with payment to: Virginia State Police, Non-Criminal Justice, P.O. Box 85076, Richmond, VA 23285-5076. This signed *original* form must be retained by the qualified business/organization. If the fingerprint card is mailed to VSP, a *copy* of this form should be attached.

SECTION I. APPLICANT OR VOLUNTEER – PLEASE READ THOROUGHLY

The qualified business/organization named below is entitled by §19.2-392.02 of the Code of Virginia to:

1) obtain a copy of any criminal history record I may have, 2) obtain a prompt determination as to the validity of criminal record(s) I may have before a final employment determination is made and 3) prior to the completion of the criminal records search the qualified business/organization may choose to deny me unsupervised access to children, the elderly, or disabled for which the entity provides care.

I am a current prospective (check one): ☐ Employee ☐ Volunteer

Printed Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

APPLICANT/VOLUNTEER DISCLOSURE

By virtue of my signature I certify the name, address, and personal descriptive information is accurate as recorded on this document and fingerprint impressions belong to me. I am apprised of the right to obtain and/or challenge the accuracy/completeness of the information contained in a criminal history record and may initiate a challenge by following the directions recorded on the reverse side of this form.

Signature: _____ Date: _____

WAIVER AGREEMENT AND STATEMENT - OPTIONAL

I hereby authorize (**Enter Name of Qualified Business/Organization**) _____ to submit a set of my fingerprints through the fingerprint vendor or mail along with this form to the Virginia State Police (VSP), for the purpose of accessing and reviewing Virginia and national criminal history records that may pertain to me directly from the Virginia Central Criminal Records Exchange (CCRE) pursuant to Virginia Code §19.2-389. By signing this optional Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified business/organization with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

Signature: _____ Date: _____

SECTION II. TO BE COMPLETED BY QUALIFIED BUSINESS/ORGANIZATION

I hereby submit this written request for the fingerprints attached to be searched through the CCRE and the Federal Bureau of Investigation to assist in determining suitability for employment/volunteering services in the care of children, the elderly or disabled. As recorded in the section below. I represent a qualified business/organization entitled to receive fingerprint-based searches pursuant to §19.2-392.02 of the Code of Virginia.

Business/Organization Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____ Account/Tracking # _____

Date of Request

Signature of Authorized Agent

Printed name

SECTION III. PAYMENT OPTIONS:

Check one payment choice – personal checks not accepted:

Search Fees: Employment - \$27.00 Volunteer - \$20.00

☐ MasterCard ☐ Visa ☐ Virginia State Police NCJ Account or Tracking # _____

Account # _____ Expiration Date: _____

Authorized Signature

Date

☐ Certified/Business Check or Money Order payable to Virginia State Police

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION

Notice to Applicant/Volunteer

Directions for Challenging a Criminal History Record

In the event you are determined not qualified to work or volunteer in a position that involves access to children, the elderly or disabled you may initiate a personal review of a criminal record. Please remember: you were fingerprinted for the position and the Central Criminal Records Exchange (CCRE) of the Department of State Police has determined the fingerprints are identical to criminal fingerprints on file at CCRE and/or the Federal Bureau of Investigation (FBI) and a conviction exists which is a barrier to employment or volunteering services. To initiate a review of a criminal record, follow these instructions:

CCRE – Criminal Record within the Commonwealth of Virginia

Report to Virginia State Police Administrative Headquarters between the hours of 8:00 am and 4:30 pm at 7700 Midlothian Turnpike, Richmond, Virginia or a VSP Area Office* and inform the receptionist you desire to challenge a criminal record. You must provide two forms of identification, one of which must contain a photograph. Your fingerprints will be obtained and searched against the criminal record fingerprint database and the criminal history record for the State of Virginia only will be reviewed with you. Should you have a discrepancy either at the charge or final disposition level you must address it with the contributor of the record or the court or arresting agency that submitted the record to CCRE. CCRE staff will provide the necessary guidance and information to establish contact with a contributing agency.

* VSP Area Office locations are listed at: https://www.vsp.virginia.gov/Office_Locations.shtml

FBI – Criminal Record outside the Commonwealth of Virginia

Telephone the FBI, Special Correspondence Unit at (304) 625-5590, or visit <https://www.fbi.gov/services/cjis/identity-history-summary-checks> for instructions.

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.

Applicant's Rights: Your fingerprints will be used to check the criminal history records of the FBI and the Central Criminal Records Exchange (CCRE) of the Virginia State Police. 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 state or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. 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>. 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. 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 may obtain a copy of your Virginia Criminal History by submitting VSP Form SP-167, available at http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtml, to the CCRE. You may challenge the accuracy or completeness of a Virginia criminal history record through the CCRE Expungement/Record Challenge Section, which can be reached at (804) 674-6723 for further information about this process.

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION. IF THE SUBMISSION OF FINGERPRINTS IS NOT DONE ELECTRONICALLY, A FINGERPRINT CARD SHOULD BE MAILED TO VSP ALONG WITH A COPY OF THIS FORM.