

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION  
**Criminal Background Check Consent Form for Applicants**

I understand that prior to a job offer a criminal history check shall be obtained from the Arkansas State Police if I am an applicant for one of the following:

In accordance with the DFA Anti-Fraud Policy, I am applying for a position that requires the handling of cash or negotiable assets.

OR

In accordance with Act 2210 of 2005, I am applying for a position that authorizes the manufacture or production of driver's licenses or identification cards or has access to such ability.

OR

I am applying for a designated management or information technology position with the Department of Finance and Administration.

I further understand that the information is for the official use of the Arkansas Department of Finance and Administration in connection with its determination of my suitability for employment.

I consent to any authorized representative of the Arkansas Department of Finance and Administration to obtain any information pertaining to my law enforcement record (including but not limited to, any record of charge, prosecution or conviction for criminal offenses). I authorize each law enforcement agency to which this form is presented to release any results, upon request of the authorized requestors as described above.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid until the termination of my application process or my affiliation with the Arkansas Department of Finance and Administration, whichever is later.

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Signature: (in ink) \_\_\_\_\_ Full Name:(type or print clearly) \_\_\_\_\_ Date \_\_\_\_\_

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Other Names used \_\_\_\_\_

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Social Security Number \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Valid Identifying Document (Driver's License, Passport, Birth Certificate, etc.) \_\_\_\_\_

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Best method to contact you, if necessary? (Phone, fax, email): \_\_\_\_\_

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Signature of Witness \_\_\_\_\_ Full Name and Title of Witness (type or print clearly) \_\_\_\_\_

<b>To Be Completed by Hiring Official: (print or type)</b>	
Position Number: _____	Position Title: _____
Hiring Official: _____	Title: _____
Bus. Area: _____ Office: _____	Phone/Fax: _____
<b>To Be Completed by DFA-HR:</b>	
Applicant Contact Dates/Times: _____	Name: _____