ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

Criminal Background Check Consent Form for Current Employees

I understand that as a requirement under Act 2210 of 2005 or the DFA Criminal Background Check Policy, a criminal history check shall be obtained from the Arkansas State Police:

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

OR

I am currently in a designated management position within 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 its determination of my suitability for continued employment.

I authorize a 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 a criminal offense). 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 form 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.

_____

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

_____

Other Names used

_____

Social Security Number Race Sex Place of Birth Date of Birth

_____

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

_____

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

_____

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

To Be Completed by Hiring Official: (print or type)

Position Number: _____ Position Title: _____

Hiring Official: _____ Title: _____

Bus. Area:_____ Office:_____ Phone/Fax: _____

To Be Completed by DFA-HR:

Applicant Contact Dates/Times: _____ Name: _____