

FLOWERY BRANCH POLICE DEPARTMENT



APPLICATION PACKET

This application packet in no way insinuates or implies any future employment with the City of Flowery Branch.

The completed packet will be turned in complete with all requested information. Failure to complete or any false or misleading information will be cause to reject any further review of this application.

The applicant is advised not to contact this agency on the status of the application. He/She will be notified when the process is completed and the status of the application.

Flowery Branch Police Department is under no obligation to keep or maintain unsolicited applications.

HOLIDAYS:

The City shall observe the following as holidays. When a holiday, other than Christmas, falls on Saturday or Sunday, the following Monday shall normally be observed:

(1) New Year's Day	(7) Thanksgiving
(2) Observance of M.L.K. Jr.	(8) Day after Thanksgiving
(3) Memorial Day	(9) Christmas Eve
(4) Good Friday	(10) Christmas Day
(5) Independence Day	(11) Floating Holiday
(6) Labor Day	(12) Birthday Holiday

VACATION:

<u>Years of Employment</u>	<u>Hours Earned Per Pay Period</u>
During Year 1	1.54 Hours
During Year 2 through Year 4	3.08 Hours
During Year 5 through Year 9	4.62 Hours
Year 10 or After	6.15 Hours

SICK TIME:

1 hour per week/52 hours a year

LIFE INSURANCE:

Full-time employees are provided a term life insurance policy provided by the City through the company of its choice in the amount determined annually at the policy renewal date and will continue for as long as the employee is employed by the City. Employee coverage is \$25,000, \$10,000 for spouses and \$5,000 for all eligible children.

RETIREMENT PLAN:

Effective as of September 1, 2023, the City updated the Georgia Municipal Employees Benefit System (GMEBS) Defined Benefit Retirement Plan for its employees. Participation is mandatory for all eligible employees. An eligible employee is defined as all regular employees that meet the eligibility conditions of 40 hours per week for at least 6 months per year. The monthly normal retirement benefit amount for eligible regular employees shall be $1/12$ of 2.5% of final average earnings multiplied by years of total credited service. (Example: $(2.5\% \times \$35,000 \text{ final average earnings}) \times 5 \text{ years of total credited service} / 12 = \364.58 monthly benefit). In order for an employee to become 100% vested in the plan, an employee must work a minimum of five (5) years. An employee will remain 0% vested until the five (5) year minimum is satisfied. Full terms and conditions are stated in the GMEBS Defined Benefit Retirement Plan Adoption Agreement, the GMEBS Master Plan Document, and the GMEBS Trust Agreement.

SOCIAL SECURITY:

The City extends to its employees Social Security benefits authorized by federal and state laws.

MEDICAL INSURANCE:

	Cost	City Portion	Employee per Month	Employee per Pay Period (26)
Employee	\$797.77	\$797.77	\$0.00	\$0.00
Employee + Spouse	\$1,675.33	\$1,225.33	\$450.00	\$207.69
Employee + Children	\$1,555.66	\$1,205.66	\$350.00	\$161.54
Employee + Family	\$2,433.21	\$1,933.21	\$500.00	\$230.77

DENTAL INSURANCE High Plan:

	Cost	City Portion	Employee per Month	Employee per Pay Period (26)
Employee	\$41.43	\$33.14	\$8.29	\$3.83
Employee + Spouse	\$84.60	\$33.14	\$51.46	\$23.75
Employee + Children	\$98.52	\$33.14	\$65.38	\$30.18
Family	\$144.64	\$33.14	\$111.50	\$51.46

DENTAL INSURANCE Low Plan:

	Cost	City Portion	Employee per Month	Employee per Pay Period (26)
Employee	\$33.14	\$33.14	\$0.00	\$0.00
Employee + Spouse	\$66.29	\$33.14	\$33.15	\$15.30
Employee + Children	\$84.52	\$33.14	\$51.38	\$23.71
Family	\$117.67	\$33.14	\$84.53	\$39.01

VISION INSURANCE:

	Cost	City Portion	Employee per Month	Employee per Pay Period (26)
Employee	\$5.85	\$5.85	\$0.00	\$0.00
Employee + Spouse	\$11.70	\$5.85	\$5.85	\$2.70
Employee + Children	\$13.12	\$5.85	\$7.27	\$3.36
Family	\$20.66	\$5.85	\$14.84	\$6.84

Flowery Branch Police Department Disclosure

Please be advised that we may obtain consumer reports and/or investigate consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The Fair Credit Reporting Act (FCRA) provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the dates on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of any investigative consumer reports (reference check); please provide us a written request. To obtain a "Summary of Your Consumer Rights"; simply let us know that you would like a copy.

Authorization/Consent & Release

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize The City of Flowery Branch to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I further authorize all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies and any other source of information to provide all information requested with respect to my background, including any criminal records, to company.

I hereby voluntarily and knowingly release and discharge The City of Flowery Branch any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing, and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above DISCLOSURE, and I agree that a copy of this document is valid as the original.

Applicant's Printed Name

Applicant's Signature

Date

* The Flowery Branch Police Department is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

THE FLOWERY BRANCH POLICE DEPARTMENT APPLICANT AUTHORIZATION/CONSENT & RELEASE

We truly welcome your application with the City of Flowery Branch. Your signature below certifies that all the information provided as part of your application for employment, including without limitation, the information below, is true and complete to the best of your knowledge and that you have reviewed this entire document and a separate document entitled, "Disclosure." Your signature below acknowledges that any false or misleading information in your application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested below, including date of birth, is requested solely for identification purposes.

Your signature below also authorizes the preparation of consumer reports and/or investigative consumer reports on you for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any further notice.

Your signature further authorizes all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested concerning your background, including any criminal, to the City of Flowery Branch.

Your signature further voluntarily and knowingly releases the City of Flowery Branch and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

Your signature certifies that you have read and understood this entire document and you agree that a copy of this document is as valid as the original.

SIGNATURE

TODAY'S DATE

EMAIL ADDRESS

TELEPHONE NUMBER

LAST NAME (AS IT APPEARS ON LICENSE)

FIRST NAME

MIDDLE NAME

FORMER NAME/AND OR OTHER NAMES USED

DATE OF NAME CHANGE

DRIVER'S LICENSE NUMBER

STATE

LICENSE EXPIRATION DATE

CURRENT STREET ADDRESS (NOT PO BOX)

CURRENT CITY

STATE

ZIP CODE

COUNTY

YEARS

MONTHS

HOW LONG AT CURRENT RESIDENCE

Please list the City, State, and Zip Code & how long for all other address you have lived at in the past 10 years:

THE FLOWERY BRANCH POLICE DEPARTMENT EMPLOYMENT APPLICATION

NAME: _____, _____, _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____, _____
(STREET) (CITY/STATE)

CELL PHONE: _____-_____-_____ HOME PHONE: _____-_____-_____

HIGH SCHOOL GRADUATE? _____ NAME: _____

P.O.S.T. CERTIFIED? YEAR: ACADEMY:

CERTIFICATIONS: 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

MILITARY SERVICE

HAVE YOU SERVED IN THE MILITARY? WHAT BRANCH OF SERVICE?

DATE OF ENTRY: _____ DATE OF SEPERATION: _____

ARE YOU STILL ACTIVE IN THE RESERVES/NATIONAL GUARD? _____

BRIEF SUMMARY OF MILITARY DUTY:

TYPE OF DISCHARGE: _____

1. Have you ever been fired or asked to resign in lieu of termination? Yes _____ No _____
If you answered yes give details to include date, employer and contact number.

2. Have you ever been arrested for any reason? Yes _____ No _____
If you answered yes, give details to include date, charges, disposition and arresting agency.

3. Have you ever received a traffic citation in this or any other state? Yes _____ No _____
If yes list the charges and issuing agency.

4. Have you ever used drugs not prescribed for you or have you ever used any illegal drug or narcotic? If the answer is yes describe circumstances below to include: type, how often, and last time used.

All job applicants being considered for employment in positions for which pre-employment drug and/or alcohol screening is allowed by law shall be required to pass a drug and/or alcohol screening test prior to being hired. Pre-employment testing shall take place only after an offer of employment has been made but before employment commences. Employees selected for promotion or transfer from a non-safety sensitive position into a safety-sensitive position will be required to pass such screening prior to commencing new position.

EMPLOYMENT REFERENCE VERIFICATION

PLEASE PRINT NEATLY AND USE AN INK PEN. EXPECT EVERY PERSON TO BE CONTACTED.

YOUR NAME POSITION APPLYING FOR SIGNATURE DATE

MAY WE CONTACT YOUR CURRENT EMPLOYER?

Yes _____ No _____ if no, please include a professional reference who may be contacted to verify your current employment.

CURRENT LAW ENFORCEMENT EMPLOYMENT

- | | | |
|--|---------------------------------------|--------------------------------------|
| _____
CURRENT /MOST RECENT EMPLOYER | _____
POSITION HELD | _____
DEPARTMENT |
| _____
STREET | _____
EMPLOYED FROM (DATE TO DATE) | _____
FINAL SALARY |
| _____
CITY/STATE/ZIP | _____
SUPERVISOR | _____
PHONE NUMBER |
| _____
EMPLOYER PHONE NUMBER | _____
REASON FOR LEAVING | _____
ANOTHER SUPERVISOR/COWORKER |
| _____
CONTACT NUMBER | | |

PREVIOUS EMPLOYMENT

- | | | | |
|-----------------------|------------------------------|-----------------------------|----------------|
| PREVIOUS EMPLOYMENT | POSITION HELD | DEPARTMENT | |
| STREET | EMPLOYED FROM (DATE TO DATE) | FINAL SALARY | |
| CITY/STATE/ZIP | SUPERVISOR | PHONE NUMBER | |
| EMPLOYER PHONE NUMBER | REASON FOR LEAVING | ANOTHER SUPERVISOR/COWORKER | CONTACT NUMBER |

- | | | | |
|-----------------------|------------------------------|-----------------------------|----------------|
| PREVIOUS EMPLOYMENT | POSITION HELD | DEPARTMENT | |
| STREET | EMPLOYED FROM (DATE TO DATE) | FINAL SALARY | |
| CITY/STATE/ZIP | SUPERVISOR | PHONE NUMBER | |
| EMPLOYER PHONE NUMBER | REASON FOR LEAVING | ANOTHER SUPERVISOR/COWORKER | CONTACT NUMBER |

IF NEEDED, PLEASE ATTACH ADDITIONAL LAW ENFORCEMENT EMPLOYMENT EXPERIENCE

NON POLICE EMPLOYMENT- LAST TEN YEARS

BUSINESS NAME	SUPERVISOR	FROM	TO	PHONE NUMBER

FLOWERY BRANCH POLICE DEPARTMENT

PROFESSIONAL REFERENCES

People with whom you have worked are preferable. Please do not list relatives. Do not repeat people listed above.

- | | | | |
|----|--|-----------------------|--|
| 1. | NAME/HOW YOU KNOW HIM/HER
(EX. JOHN DOE/COWORKER) | STREET/CITY/STATE/ZIP | PHONE(S)
(LIST AS MANY AS POSSIBLE) |
| | | | |
| 2. | NAME/HOW YOU KNOW HIM/HER
(EX. JOHN DOE/COWORKER) | STREET/CITY/STATE/ZIP | PHONE(S)
(LIST AS MANY AS POSSIBLE) |
| | | | |
| 3. | NAME/HOW YOU KNOW HIM/HER
(EX. JOHN DOE/COWORKER) | STREET/CITY/STATE/ZIP | PHONE(S)
(LIST AS MANY AS POSSIBLE) |
| | | | |

FLOWERY BRANCH POLICE DEPARTMENT EMPLOYMENT DISQUALIFIERS

O.C.G.A. § 35-8-8 requires a Pre-Employment background for Police Officers. The Flowery Branch Police Department will conduct a thorough background on each applicant that applies for a position as a peace officer. The background investigation includes, but is not limited to:

- Check of the applicant's work history
- Driver's history
- Criminal history
- Credit history (if position is of a fiduciary capacity)
- Polygraph examination and/or other deception detection examinations
- References (Personal and Work)
- Interview with a member of the command staff
- Administering of a written and/or clinical psychological exam
- Administering of a physical examination/drug screen

Employment in law enforcement requires integrity and public trust. Only those applicants whose conduct, character, and behavior, which does not discredit either themselves or the Flowery Branch Police Department will be employed. The process of employment with the Flowery Branch Police Department will address the integrity, ethical conduct, honesty, prejudices, and past behavior of all applicants.

In an effort to maintain an equitable standard for the position of Police Officer, the Flowery Branch Police Department has set certain standards and guidelines. The following standards are among those that will automatically disqualify an applicant for consideration:

FLOWERY BRANCH POLICE DEPARTMENT EMPLOYMENT DISQUALIFIERS

1. Intentionally falsifying, misrepresenting, or omitting pertinent information while completing the employment application, preliminary interview questionnaires, or any other pre-employment document(s).
2. Deliberately making inaccurate, misleading, false, or fraudulent statements during the employment process.
3. Poor management of personal finances (within the past 5 years). Debts, pending civil suits, garnishments, dispossessory warrants, bankruptcies, etc., will be investigated to determine a candidate's suitability for employment.

4. Personal State or Federal tax liability or delinquent student or government loans unless the applicant is on an approved payment plan.
5. Any felony convictions.
6. Any outstanding criminal charge pending adjudication and completion of any sentence or probation.
7. Sufficient misdemeanor convictions to establish a pattern for disregard of the law.
8. No conviction for a misdemeanor of an aggravated nature, public order, decency or moral turpitude.
9. Any conviction or plea of *nolo contendere* within the past five (5) years for Driving Under the Influence of Drugs or Alcohol (DUI) or for any serious traffic offense, including, but not limited to: Fleeing or Attempting to Elude a Police Officer, Vehicular Homicide, Failure to Stop and Render Aid, or leaving a scene of accident, Reckless Driving, and Racing.
10. Three (3) or more convictions and/or pleas of *nolo contendere* within the past two (2) years for any moving violation.
11. Must have valid driver's license.
12. No convictions for offenses involving the Family Violence Act as defined in O.C.G.A. 19-13-1, to include no active Temporary Protective Orders (TPO) or Protective Orders.
13. No discharge for cause from a local, state, or national Civil Service or Merit System.
14. If POST certified, must be in good standing and not on Probation.
15. If discharge from military organization is other than Honorable or Medical, an explanation should be attached.
16. Illegal sale, distribution, or manufacture (to include growing) of any drug or marijuana.
17. Use or possession of marijuana during the last three (3) years.
18. Use of an illegal drug combination of illegal drugs (including non-prescribed drugs), or synthetic drug other than marijuana, during the past 5 years and no life time use of LSD, Methamphetamine, Acid, or Heroin.
19. No non-prescribed steroid use within the past five (5) years.
20. Deliberate association of a personal nature within the past year with persons who use illegal drugs in the presence of the applicant. (Deliberate association will be determined on a case by case basis considering the totality of the circumstances).

Should an applicant have any concerns pertaining to the background investigation or the above disqualifiers, the applicant should contact the Flowery Branch Police Department.

Based on the preponderance of evidence and other pertinent information received during the background investigation process, the Flowery Branch Police Department reserves the right to disqualify any applicant that has applied for a position of Police Officer.

I HAVE READ AND UNDERSTAND THE DISQUALIFIERS AS STATED ABOVE:

Signature of Applicant

Date

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Flowery Branch Police Department to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)	Phone No.		
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ **Date** _____

 Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES		
E	Employment/Internship	
M	Employment direct care with Mentally Ill/Developmentally Disabled	
N	Employment direct care with Elderly	
W	Employment direct care with Children	
E	Alcohol Permit/Licensing	
C	Police Ride Along	
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
U	Personal Copy (stamp return "personal copy")	
CRIMINAL JUSTICE EMPLOYMENT		
J	Civilian Criminal Justice Employment (state and III data received)	
Z	Sworn Criminal Justice Employment (state and III data received)	

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

 Agency Designee Signature and Title

 Date

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature

Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

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.

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**

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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