



Request for Staff Background Check

Facility: _____ Location Code: _____

Please type all information

LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL	OTHER NAMES USED
POSITION OR JOB TITLE	ANTICIPATED HIRE DATE	CRIMINAL HISTORY, IF APPLICABLE	

SEX	RACE	HAIR	EYES	HGT	WGT	DOB

DRIVERS LICENSE - STATE & NUMBER	SOCIAL SECURITY NUMBER	CITY AND STATE OF BIRTH

OTHER STATES LIVED OR WORKED IN		

If this is a Key Staff Member, a copy of the applicants application and resume must be attached. Upon Conditional Approval, a sealed transcript must be sent directly to the CCM office from any schools, colleges or universities identified on the application which substantiate the individuals qualifications to fulfill the position.

Applicants Acknowledgment:

I authorize the release to the Federal Bureau of Prisons of any information generated as a result of a national Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) criminal history check on me, or any other information necessary to determine my suitability for work with federal offenders.

I also authorize the Federal Bureau of Prisons to disclose to the facility director or the contractor's "authorized negotiator" all information generated as a result of a National Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) criminal history check on me, or any other information necessary to determine my suitability for work with federal residents at the above noted facility.

I understand that all my records are protected under federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to extent that action has been taken in reliance on it. In any event, this consent will cease to be effective after my employment.

Signature of Applicant Date

Printed Name and Signature of Witness (Program Director) Date