

Authorization for State and National Criminal History Record Check

State of Hawaii
Department of Human Services
Social Services Division

TO OPERATORS OR STAFF OF:

[] Resource Family Home

[] Child Caring Institutions

Address: Resource Home Licensing Unit (89)

[] Child Placing Organizations

420 Waiakamilo Road Suite 300B

Honolulu, HI 96817-4941

INSTRUCTIONS: Applicant - Please print (in black ink) or type all information in parts I and II and sign as required. Bring this form to your fingerprinting appointment. The fingerprinting agency will complete Part III and the applicant for electronic fingerprints shall mail this completed form to the address noted above.

PART I: Check one: [] New Hire/Rehire

[] Resource Family Home

Applicant's Full Name:

Last

First

Middle

Any Alias(es)/Former Name(s) -
Including Maiden Name:

Social Security No.:	Date of Birth:	Place of Birth:	Country of Citizenship:
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Sex: _____ Race: _____ Height: _____ Weight: _____

Color Eyes: _____ Color Hair: _____

Agency: Name/Address/Phone No.:

(Include name of specific facility if applicable. E.G., Child and Family Services-CPO, Hale Kipa CCI- girls shelter.)

I, the undersigned, hereby authorize the Department of Human Services Social Services Division to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purposes of accessing and reviewing state and national criminal history records that may pertain to me. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint-based criminal history record check. Should the Department of Human Services Social Services Division policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.34.

I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement (page 3).

Applicant's Signature:

Applicant's Address:

Applicant's Phone No.:

NOTE: Name of DHS Resource Home

PART II: NOTICE: THE FOLLOWING INFORMATION IS REQUIRED BY LAW TO BE FURNISHED UNDER OF PERJURY AND FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.

(Please check the appropriate box block.)

[] I have never been convicted of a crime

[] I have been convicted of the crime(s) listed below: (Do not include minor traffic violations involving a fine of \$50 or less.

DATE & PLACE OF CONVICTION

OFFENSE

DISPOSITION/SENTENCE

I declare under penalty of perjury that the following is true and correct and complete.

Applicant's Signature

Dated:

PART III: To be completed by Fingerprinting Agency for manual and electronic fingerprints.

Type of ID Checked & ID No.

Fingerprinting Agency

Phone Number

Fingerprinter Name (Print)

Fingerprinter Signature

Date Fingerprints taken

If manual fingerprints collected, please seal two (2) fingerprint cards in envelope marked "FINGERPRINT CARDS-Only HCJDC To Open" to preserve the chain of custody. Then place the envelope with the fingerprint cards in the stamped envelope to be mailed to HCJDC at:
Attn: CHRC, Hawaii Criminal Justice Data Center, Department of the Attorney General, 465 South King Street, Room 101, Honolulu, HI 96813

FBI 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.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

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.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).