THE UNIVERSITY OF GEORGIA POLICE DEPARTMENT
Application for Employment

Please check the position(s) you are applying for and all required documents:

☐ Police Officer
☐ Communications Officer
☐ Internship
☐ Clerical Worker
☐ Security Guard
☐ Other, Posted as:_____

Please complete the entire application and return with the required documents:

For ALL POSITIONS, please provide the following:

☐ Completed, signed, and notarized *Authorization to Release Information* form (page 3);
☐ Birth Certificate (copy);
☐ Social Security Card (copy);
☐ Georgia or current state of residence driver's license (copy);
☐ High School Diploma or Equivalency Certificate (copy);
☐ Signed *HB 549 Training Disclosure* (page 10);
☐ Signed *Applicant Privacy Rights Notification Form* (page 20):
☐ Completed and signed National Data Exchange (N-DEx) Notice and Consent (page 21).

For POLICE OFFICER positions, please include the items above and the following:

☐ An official copy of your 7-year Driver's History from the DMVS;
☐ Peace Officer Certification (copy, IF you are a certified Police Officer in the State of Georgia);
☐ *Physician's Clearance to Test Form* (MUST be signed by a physician/doctor, pages 5-6);
☐ Signed *Explanation of Agreement for Reimbursement* (non-certified applicants only, pages 7-8);
☐ Signed *Police Officer Job Questionnaire* (page 9).

APPLICANT INFORMATION

Last Name *First Name* *Middle Name* *Phone*

Driver's License #/State *E-mail Address*

Present Mailing Address *City* *County* *Zip Code*

Permanent Mailing Address *City* *County* *Zip Code*

Hometown (City, County & State Where You Grew Up) *City and State of Birth*

Revised 07/2026 ***Date Submitted (UGPD USE ONLY)***

INSTRUCTIONS

In order for your application to be evaluated adequately, it is extremely important that all the appropriate information be included. Every space on the form should be filled with an answer. Any questions that do not apply or to which the answers are unknown should be answered as "N/A" for non-applicable or "Unknown." Any spaces left blank and later discovered to pertain to the applicant could result in disqualification or dismissal. Any questions about the Applicant Information Form or the hiring procedure should be addressed to the UGA Police Department's recruitment and hiring representative at (706) 542-5813. If there is not enough room on any portion of this form for the requested information, please attach additional sheets for the information as required. Please include zip codes and current phone numbers with all address information. Please note the following important information:

- **Incomplete applications will <u>not</u> be processed;**
- **The Authorization to Release Information form (*page 3*) must be completed, signed and properly notarized;**
- **The Physicians Clearance to Test form (GA P.O.S.T. Physician's Affidavit) (*pages 5 & 6*) must bear the original signature of a licensed physician, copies will not be accepted;**
- **Do not include any additional medical information or forms other than what is requested in the application, this may result in the application being disqualified;**
- **Ensure that all forms that require signatures are properly dated, signed and included in the packet;**
- **Ensure that the attachments listed below are included in the specified location and order;**
- **Ensure that you have read and signed the STATEMENT OF COMPLETION below after thoroughly reviewing your application for accuracy and completeness.**

Attach the required documents listed below and any additional documents or copies in the following order at the end of the application packet:

1. Birth Certificate (copy);
2. Social Security Card (copy);
3. Georgia or current state of residence driver's license (copy);
4. High School Diploma or Equivalency Certificate (copy);
5. Peace Officer Certification (copy) if you are a certified Police Officer in the State of Georgia;
6. An official copy of your 7-year Driver's History (contact your local DMVS Office);
7. Additional copies or pertinent documents.

STATEMENT OF COMPLETION

I hereby certify that each and every statement made on this form is true and complete and that this application includes the documents which are required to be attached for the position applied for as outlined on the first page of this application. I further understand that any false statement or omission of information will subject me to disqualification or dismissal. Lastly, I understand that an incomplete application or an application lacking the necessary attached paperwork, signatures or notarization will result in my application not being processed.

Signature **Date**

The University of Georgia Police Department
Authorization to Release Information

I, _____ _____ _____
Last Name *First Name* *Middle Name*

_____ _____ _____ _____ _____
Social Security Number *Height* *Weight* *Eye Color* *Hair Color*

_____ _____ _____
Date of Birth *Sex* *Race*

_____ _____ _____ _____,
Street Address *City* *State* *Zip*

having filed an application for employment with the University of Georgia Police Department, hereby consent to have a background investigation conducted in regard to my possible future employment. This investigation and my consent necessarily involve the areas of moral character, professional reputation, physical and mental fitness, credit, employment history, and education.

I understand that I will not receive a copy of the information obtained through this investigation and that I am not entitled to know its contents. The contents of my background are privileged.

I also authorize and request every person, firm, corporation, agency, court, association or institution having control of any documents, records or other information pertaining to me, including all documents and records regarding charges or complaints filed against me, or any other pertinent data, to furnish them to the University of Georgia Police Department for inspection and copying.

I hereby give consent to the University of Georgia Police Department to solicit, obtain, inspect and copy any and all information, records and documents necessary to complete a thorough background investigation relative to my possible future employment. Pertinent records may include, but are not limited to (**initial each item below**):

____***Criminal and driver history records,*** ____***Educational records,***
____***Previous and current employment records,*** ____***Credit history and financial records,***
____***Access to any and all social media networking sites of which I am a member;***

I hereby release and forever discharge every person, firm, corporation, agency, court, association or institution furnishing such information from any and all liability arising out of the furnishing of such documents, records or information, or out of the investigation made by the University of Georgia Police Department.

I hereby release and forever discharge the University of Georgia, its Police Department, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any injury, damage or the consequences thereof, resulting from or in any way connected with the background investigation conducted in regard to my possible future employment.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I hereby certify that I am at least 18 years of age and suffering under no legal disability and that I have read and understood the above.

_____ _____ _____
Signature of Applicant *Printed Name* *Date*

State of_____, County of_____, Sworn to and subscribed before me this _____day of_____, 20_____.

_____ _____
Notary Public *Expiration Date*

The University of Georgia Police Department
Medical/Physician's Clearance to Test Form

The following two pages (5 and 6) are made up of the *Georgia Peace Officer Standards & Training Council Basic Law Enforcement Mandate Examination and Physician's Affidavit* form. The completion of this form serves as the medical/physician's clearance to test/participate in the Physical Agility Exercise portion of the UGA Police Department's applicant screening process. ***This form must be completed by a licensed physician in order to be valid. Forms completed and signed by RN's, PA's or any healthcare worker other than a licensed physician will not be accepted***. The applicant will not be allowed to participate in the physical agility exercise unless this form has been properly completed and included in the submitted application packet.

Georgia Peace Officer Standards & Training Council

Basic Law Enforcement Officer Mandate

Examination and Physician's Affidavit

Applicant Name: _____

Date of Examination: _____

TO THE PHYSICIAN:

Law enforcement training is physically demanding, your assessment is intended to identify any readily apparent physical injuries, malformities or limitations which may place the applicant or others at risk for physical injury or aggravation of existing injury. The applicant will be required to participate in the following job-related training activities while attending the academy.

1. Run over various terrains for a distance of at least 75 yards.
2. Tolerate occasional exposure to heat/cold/humidity/inclement weather.
3. Climb, crawl, wrestle, jump, lift and drag heavy objects.
4. Safely operate a motor vehicle.
5. Tolerate loud noises that may be sudden and sustained.
6. Participate in physically rigorous defensive tactics training that will require normal dexterity and range of motion in the applicant's arms, legs, and waist.
7. Complete a timed physical agility assessment course for a duration of up to 2 minutes and 6 seconds, including, but not limited to running up and down stairs, climbing through an open window, and dragging a l40 lbs. dead weight dummy for a distance of 25 feet, and crossing over a 4-foot-high chain-link fence.
8. Tolerate exposure to commonly used Law Enforcement chemical irritants such as O.C. Spray and tear gas (no known life-threatening allergies).

Georgia Peace Officer Standards & Training Council

Basic Law Enforcement Officer Mandate

Examination and Physician's Affidavit

Applicant Name: _____ DOB: _____/_____/_____

Employing Law Enforcement Agency: _____

It is my opinion that this individual, from a medical perspective:

_____ can perform the essential job training functions with no limitations.

_____ cannot perform all the essential job training functions due to limitation (see notes below).

_____ cannot make determination at this time, pending receipt of further information.

NOTES: _____

_____

_____

_____

Physician's Signature _____ Date: _____/____/_____

Physician's Name (Print) _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Explanation of Agreement for Reimbursement (Non-Certified Applicants)

Before being hired by the University of Georgia Police Department, you will be required, as a condition of employment, to sign an Agreement for Reimbursement. This explanation is not to serve as the official Agreement for Reimbursement. The Agreement for Reimbursement will be signed by the employee upon being offered employment with the University of Georgia Police Department. The Agreement for Reimbursement contains the following provisions:

1. The employer has agreed to hire the employee to exercise his/her skills and abilities required to serve as a duly appointed police officer with the University of Georgia Police Department.

2. The employee recognizes that there are certain expenses connected with the training required to become a certified police officer in accordance with the Georgia Peace Officer Standards and Training Council.

3. The employer shall be responsible for paying the employee's salary while attending the police academy and will further provide the employee with uniforms, weapons, and other necessary equipment.

4. In exchange for receiving a salary while attending the police academy and equipment necessary to perform the tasks of a police officer, the employee agrees to work for the University of Georgia Police Department for a period of thirty-six (36) months, beginning on the date of successful completion of the police academy.

5. The employee agrees that the training is not only necessary but is also a valuable asset to the employee and the Police Department can only recover the costs of such training by receiving the services of the employee for the thirty-six (36) month period.

6. The employee acknowledges that if he/she should be hired by another agency within thirty-six (36) months after completing the police academy, the total expense of training shall be reimbursed to the University of Georgia Police Department by the hiring agency in accordance with O.C.G.A.§35-8-22.

7. The employee agrees that if he/she should leave the Department voluntarily before completion of the police academy, he/she shall reimburse the Department for the amount of the base new officer gross salary for the time that he/she attended the program plus the cost of providing the equipment, tools, and travel necessary to perform the tasks and functions of a sworn police officer. No reimbursement will be assessed if the employee involuntarily fails to complete the police academy.

8. Employee agrees that if he/she leaves the Department voluntarily within the thirty-six (36) month period that he/she will pay back the amount associated with his/her salary during training, equipment, tools, and travel as follows:
   a. 0 to 26 months……100%
   b. 27 to 36 months…….75%

9. The total due if the employee voluntarily terminates employment before working the full 26 months will be $35,000.00, which will lessen to $26,250.00 from the beginning of the 27th month until the end of the 36th month.

I have read and understand the explanation of the Agreement for Reimbursement. I understand that further explanation will be provided later in the process or upon request and that entering the Agreement for Reimbursement is a condition of employment.

_____ _____

Signature Date

_____

Printed Name of Applicant

Police Officer Job Description Questionnaire

The following fourteen (14) questions ask about your willingness and/or ability to perform certain tasks required of a Police Officer. Please answer all of the questions accurately. Failure to do so may delay your application. Check the answer that best describes how you rate yourself on each item. This is not a test.

1.	Are you willing to undergo a background investigation to establish your integrity? (This will cover any arrest/ criminal records, traffic record, military record, etc.)	Yes ☐ No ☐
2.	Understanding that the Georgia Peace Officer Standards and Training Council requires you to qualify annually with your firearm, are you willing to maintain a proficiency level which allows you to meet this standard even if this involves practicing on your own time?	Yes ☐ No ☐
3.	Are you willing to work day, evening, or night shifts along with holidays and weekends?	Yes ☐ No ☐
4.	Are you willing to stop arguments and fights in spite of potential danger of physical harm to yourself?	Yes ☐ No ☐
5.	Are you willing to approach and arrest dangerous persons?	Yes ☐ No ☐
6.	Are you willing to complete detailed reports and maintain accurate records?	Yes ☐ No ☐
7.	Are you willing to interact and work with people from different cultural, ethnic, and/or socioeconomic backgrounds?	Yes ☐ No ☐
8.	Are you willing to attend training programs necessary to meet the minimum annual training standard set forth by the Georgia Peace Officer Standards and Training Council?	Yes ☐ No ☐
9.	In this job you will be issued a firearm as part of your basic equipment. With this in mind, are you willing to use necessary force, up to and including deadly force?	Yes ☐ No ☐
10.	Are you willing to tolerate verbal abuse and insults and not let them interfere with your ability to do your job?	Yes ☐ No ☐
11.	Are you willing to submit to a pre-employment drug screening?	Yes ☐ No ☐
12.	Are you willing to take a pre-employment written psychological examination?	Yes ☐ No ☐
13.	Are you willing to take a pre-employment truth verification examination?	Yes ☐ No ☐
14.	Are you willing to make decisions based on limited information?	Yes ☐ No ☐

PLEASE SIGN THIS QUESTIONNAIRE AFTER READING THE STATEMENT BELOW.

I have read and understand the Police Officer job description. I have read and answered each of the fourteen (14) questions honestly. I realize that other portions of the application process may serve to check my answers to these questions.

_____ _____

Signature Date

_____

Printed Name of Applicant

HB 549 Training Disclosure

Pursuant to Georgia House Bill 549, certain law enforcement agencies may be required to reimburse a previous employing agency for eligible employer-paid law enforcement training costs when an employee transfers within **36 months** of completing the training.

Have you completed employer-paid basic law enforcement training or other employer-paid mandated law enforcement training while employed by another law enforcement agency within the past 36 months?

☐ Yes ☐ No

If "**Yes"**, please provide the following information:

Employing Agency: _____

Date Training Completed: _____

I certify that the information provided in this section is true and complete to the best of my knowledge, and I understand that any omission or misrepresentation of the requested information may affect my employment eligibility.

Applicant Signature: _____ Date: _____

Career Objectives

Reasons for wanting this work: _____

_____

_____

_____

Please describe any qualifications, specialized training and/or other skills that you possess which you feel relate to Law Enforcement work:

_____

_____

_____

_____

Hobbies

Hobbies: _____

Clubs, Organizations, or Affiliations, etc.: _____

_____

Formal Education

Colleges, Universities, Vocational or Trade Schools Attended:

Name **Location** (*city, state*) **Hours/Degree**

_____

_____

_____

_____

High Schools:

Name **Location** (*city, state*) **Graduate?** (*Yes or No*)

_____

_____

_____

GED/USAFI:

_____

GED USAFI Location test was administered

Equivalency Diploma or Certificate Awarded? Yes ☐ No ☐ N/A ☐

Date Test Was Administered: _____

Name and Address of State Authority Issuing the Diploma: _____

Completed Military Service

_____

Branch Selective Service Number From (*mo/yr*) To (*mo/yr*)

_____

Military Job Description Highest Rank Attained

Date and Location of your first entrance into active duty: _____

Unit Assignments in the Service:

Branch	Unit (Company/Ship)	Location	From Mo/Yr	To Mo/Yr

Date and Location of your last discharge from Active Duty: _____

Type of Discharge: Honorable ☐ General ☐ Medical ☐ Bad Conduct ☐ Dishonorable ☐

Places of Residence Within the Past Ten Years

_____

Address City County State Zip Code

_____

Address City County State Zip Code

_____

Address City County State Zip Code

_____

Address City County State Zip Code

_____

Address City County State Zip Code

_____

Address City County State Zip Code

_____

Address City County State Zip Code

_____

Persons currently residing with you (Do Not Include Dependents)

Personal References

Please include a minimum of three personal references. Do not include family members or previous employers.

Last Name First Middle Years Known

Address Home Phone Work Phone

Last Name First Middle Years Known

Address Home Phone Work Phone

Last Name First Middle Years Known

Address Home Phone Work Phone

Employment History

*Please list **all** jobs in chronological order, beginning with the most recent. If you need more space, you may attach additional copies of page 13. Failure to fully complete employment information may result in disqualification.*

Employer Address Phone #

Position Title Employed From (mo/yr) To (mo/yr) Supervisor

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer Address Phone #

Position Title Employed From (mo/yr) To (mo/yr) Supervisor

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer Address Phone #

Position Title Employed From (mo/yr) To (mo/yr) Supervisor

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer Address Phone #

Position Title Employed From (mo/yr) To (mo/yr) Supervisor

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer Address Phone #

Position Title Employed From (mo/yr) To (mo/yr) Supervisor

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer Address Phone #

Position Title Employed From (mo/yr) To (mo/yr) Supervisor

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Have you ever been discharged, terminated or forced to resign from employment? Yes ☐ No ☐
If "Yes," give name of employer(s) and specific reason(s):

_____
_____
_____
_____
_____
_____

Have you ever lost wages or taken a day off without pay as a result of disciplinary action by a supervisor?
Yes ☐ No ☐ *If "Yes," give the name of the employer and your explanation*:

_____
_____
_____
_____
_____
_____

Criminal History

List all criminal charges (felonies, misdemeanors, either civilian or military, not traffic). This would include first offender and nolo contendere pleas and/or dismissals; this would include incidents involving any other name you may have gone by in the past. Attach additional sheets if necessary.

Have you ever been arrested and/or indicted? Yes ☐ No ☐ *If "Yes," give details below*:

_____
Offense Charged Arresting/Charging Agency
_____
Date Arrested Disposition of Case

_____
Offense Charged Arresting/Charging Agency
_____
Date Arrested Disposition of Case

Have you ever been convicted of a Felony? Yes ☐ No ☐ *If "Yes," give details below*:

_____
_____
_____
_____

Have you ever been placed on Probation? Yes ☐ No ☐ *If "Yes," give details below*:

_____
_____

Pending Charges or Indictments

List any pending or outstanding criminal charges or citations, to include unpaid/pending traffic citations.

_____

Crime State and County Date

_____

Crime State and County Date

Have you ever been questioned about or been the subject of a criminal investigation(s)? Yes ☐ No ☐
If "Yes," give details below:

_____

_____

_____

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment or any other disciplinary action while a member of the armed forces? Yes ☐ No ☐
If "Yes," give details below:

_____

_____

Traffic Charges

List complete history, including pleas of Guilty and nolo contendere. Include all charges since being issued drivers' license.

_____

Offense State and County Date

_____

Offense State and County Date

_____

Offense State and County Date

_____

Offense State and County Date

_____

Offense State and County Date

_____

Offense State and County Date

_____

Offense State and County Date

_____

Offense State and County Date

_____

Offense State and County Date

Other Information

Do you currently or have you in the past used any illegal drugs or used prescription drugs in an illegal manner?
Yes ☐ No ☐ *If "Yes," give **specific** details below, to include specific substances, number of times used, circumstances under which the use occurred and time frames of use*:

_____

_____

_____

_____

_____

_____

_____

_____

Do you use tobacco products? Yes ☐ No ☐ If yes, explain:

_____

_____

_____

_____

_____

_____

_____

Explain any events in your life that may come up in a background check that may or may not affect your employment in Public Safety work:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicant Privacy Rights

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 Regulations (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-recordinformation-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/obtainingcriminal-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.

Privacy Act Statement

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.

Applicant Privacy Rights
Notification Signature Form

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

National Data Exchange (N-DEx) Notice and Consent

I authorize any employee or representative of _____
criminal justice agency

to search the National Data Exchange (N-DEx) to obtain information regarding my qualification and fitness to serve as a _____
applicant position

I understand that N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law.

I release _____
criminal justice agency

from any liability or damage that may result from the use of information obtained from N-DEx.

Redress:

If employment is denied solely due to information obtained from N-DEx, and the applicant challenges the accuracy or completeness of those records, the denying agency shall provide the applicant with the contact information of the agency owning the information underlying the decision to deny. After receiving a written request from the applicant challenging the accuracy or completeness of the record used to deny employment, the record-owning agency shall then review the relevant information and advise the applicant in writing whether it has confirmed the accuracy or completeness of its records or whether the records will be corrected. If the applicant does not receive a response from the record-owning agency within 30 days from the date of the applicant's written request, the applicant may contact the FBI CJIS Division N-DEx Unit, 1000 Custer Hollow Rd, Clarksburg, WV 26306. The FBI shall forward the challenge to the record-owning agency for verification or correction. The record-owning agency shall then review the relevant information and advise the applicant in writing whether it has verified its records or whether the records will be corrected. Agencies should inform applicants of their responsibility to provide any corrected information to the denying agency that may assist the record-owning agency in its research on behalf of the applicant.

Full Name (Print):					
Address:					
Sex:		Race:		Date of Birth:	
Social Security Number:					
Date:					
Signature:					