

Finger Printing Process for Certified and Classified
Who do not have a copy on File

1. Have the individual READ and COMPLETE the paperwork attached. Return ALL to Dr. Kimi Sucharski (kimi.sucharski@cmcss.net) or fax 920-9813.
2. READ and SIGN on line at bottom page 2.
3. COMPLETE page 3, select grant work, sign.
4. COMPLETE page 4, remember to include appropriate email, Ingrid Schult will be emailing the individual their appointment.
5. The grant will pay for fingerprinting, but only if Dr. Sucharski's signature is on the paperwork.



NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

EACH APPLICANT IS PROVIDED A COPY OF THEIR PRIVACY RIGHTS REGARDING INFORMATION OBTAINED DURING PRE-EMPLOYMENT BACKGROUND CHECK.

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 benefits based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for 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 Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI 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 obtain a copy of the record by submitting fingerprints and a fee to the FBI, Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged 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.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C.534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21 (C), 20.33 (d) and 906.2(d).



Agency/Supervisor Requesting a Background Check

Indicate below, the individual and purpose for the background check.

Full Name: _____ Date: _____
 First Middle Last

Last Four SS# _____ School/Department/Contractor: _____

Reason for background check:

- Grant positions
- Bus Driver Training
- Other _____

- Coaching/Volunteer
- Coaching/Stipend

SUPERVISOR SIGNATURE (Requesting the background check)

DATE

I, THE UNDERSIGNED, GIVE MY CONSENT FOR THE TENNESSEE BUREAU OF INVESTIGATION (TBI) AND THE FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL RECORD CHECK ON MYSELF AND RELEASE ANY RESULTS TO THE CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM FOR THE PURPOSE OF EMPLOYMENT/VOLUNTEERING.

APPLICANT'S SIGNATURE

DATE

I, THE UNDERSIGNED, HAVE READ THE NONCRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS. INFORMATION REGARDING THE NONCRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS (HUM-F089) CAN BE LOCATED ON CMCSS WEBSITE (WWW.CMCSS.NET).

APPLICANT'S SIGNATURE

DATE

Applicant approved to proceed _____ Applicant process ends _____
 Date Date



Fingerprint Form

Please fill out this form and **RETURN** to the HR Dept. at Central Office for registration. You **MUST** have your prints completed before you are in-processed. (The \$35.15 fee will be taken from your first 2 payroll checks in 2 installments).

Due to scheduling, you **must be fingerprinted on the date and time scheduled to you.

Fingerprints will be made at:

Clarksville-Montgomery County School System
621 Gracey Ave.
Clarksville, TN 37040

Please circle 2 options you are available for printing:

Monday 7:30am – 4:30pm
Tuesday 7:30am – 4:30pm
Wednesday 7:30am – 4:30pm
Thursday 7:30am – 4:30pm
Friday 7:30am – 11:30am

**** Bring picture ID to your appointment.**

****You will receive an email notification of your appointment. You are expected to report as scheduled.**

Agency (CMCSS)

Type of Position/Transaction you are applying for: (select from list)-

- Teacher
 Substitute Teacher
 Bus Driver
 Bus Aide
 School Worker (includes aides, nurses)
 Other: _____

Please complete the following:					
First Name:		Middle		Last Name	
Date of Birth (mm/dd/yy):			State you were born in:		
Social Security #:		Sex: <input type="checkbox"/> M or <input type="checkbox"/> F		Race:	
Hair Color:		Eye Color:		Height:	Weight:
Driver's License #:			State of Driver's License:		
Address:					
City:			State:		Zip:
Phone			Country of Origin:		
E-Mail:					

Fingerprints are transmitted to Tennessee Bureau of Investigation "TAPS" for results. Contact at CMCSS: Amanda Smith, Human Resources Dept. 931-920-7914

NOTE: If an indication appears on your background check, you will have 30 days after the date notified by a HR employee to have all legal documents submitted to the HR Department. The 30 days includes weekend days but not holidays. If the last day falls on a day the HR Department is closed, you have until the next business day to submit all legal documents.

If documentation is not submitted within 30 days, applicant must be re-printed at their expense prior to re-printing.