

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL

Human Resources
Fingerprinting Department

Welcome to our District Osceola!

STEP 1: Osceola District - Fingerprinting Packet

(Please be informed that you have two different sets of instructions/steps to complete in order to be in compliance with your fingerprinting process. We kindly request don't alternate the order of the steps to follow).

The following are forms that must be completed and returned as soon as possible:
Once completed, you must return the fingerprint packet (attached) to rosa.cuevas@osceolaschools.net and vanessa.marrero-lopez@osceolaschools.net along with 2 forms of identification as follows: State ID (Current Driver's License), as a second identification (Social Security Card). (Names must match on both forms of identification).

Important: Before you send your email, please make sure that the requested forms have been completed properly and identifications are attached to the email.

Please be aware that you will not be cleared or processed until we receive the completed fingerprint packet, identifications and the clearance is received from Fieldprint – FBI and FDLE.

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

801 Bill Beck Blvd. Kissimmee, FL 34744

CHARTER SCHOOL NAME	
EMPLOYEE I.D. NUMBER	
SOCIAL SECURITY NUMBER	_____ - _____ - _____
FIRST NAME, MIDDLE NAME, LAST NAME	
SUFFIX (EX: JR., SR., II, III, IV)	
ALIASES or MAIDEN NAME	
CHARTER POSITION - Check One	<input type="checkbox"/> Instructional <input type="checkbox"/> Professional Support Staff <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Board Member
DATE OF BIRTH	Month: _____ Day: _____ Year: _____
PLACE OF BIRTH	
COUNTRY OF CITIZENSHIP	
HEIGHT	Feet: _____ ' - Inches: _____ "
WEIGHT	Pounds: _____
RACE	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Caucasian (Hispanic) - Check One - <input type="checkbox"/> White <input type="checkbox"/> Black (American Indian, Eskimo, Alaskan Native) - <input type="checkbox"/> Native American
GENDER - Check One	<input type="checkbox"/> Male <input type="checkbox"/> Female
EYE COLOR - Check One	<input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Maroon <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Multi-Colored
HAIR COLOR - Check One	<input type="checkbox"/> Black <input type="checkbox"/> Blonde/Strawberry <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Bald <input type="checkbox"/> Sandy <input type="checkbox"/> White
CURRENT HOME ADDRESS (No PO Box)	Street: _____
	City: _____ State: _____ Zip Code: _____
HOME or CELL PHONE NUMBER	
Current School District Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE	
TODAY'S DATE	____ / ____ / ____

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Human Resources & Employee Relations

CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize any and all Federal, State and Local government or civil agencies, educational institutions, present or former employees and individuals who may have information on me in their records or files or by virtue of personal knowledge, to release such information as may legally released under the Freedom of information Act, the Fair Credit Reporting Act, and other applicable Federal or State laws.

I understand that any and all information released to the Osceola School District by any agency, Institution, or individual shall be made known exclusively to _____. Further, I do hereby release, absolve, and agree to forever hold harmless, Osceola School District, their agents, officers, contractors, and employees as well as any and all agencies, persons and /or Institutions who furnish information on me, from any and all liability. This also applies to any and all suites, actions, or causes of actions (including negligence) at law, claim, or demand of liability which I, my successors, assigns, heirs, executors or administrators have now or may ever have resulting directly, indirectly, or remotely from said agencies, Institutions, or individuals having furnished information.

Signature _____

Date _____

NOTARY

State of _____, County of _____, Sworn and subscribed before me this _____ day of _____, 20 _____.

Notary Stamp Here:

Signature of Notary Public, State of _____

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Last Name _____ First Name _____ Middle Name _____ Race _____

Maiden Name _____ Social Security Number _____ Gender _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Exp. Date _____

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.¹ 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), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot 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.³

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

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

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

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

APPLICANT WAIVER AGREEMENT
AND STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize (*enter Name of Non-Criminal Justice Agency*) Osceola School District to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

**ORIGINAL- MUST BE RETAINED BY NON-CRIMINAL
JUSTICE AGENCY**



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
CHARTER SCHOOL EMPLOYEE
ACTION FORM

NEW EMPLOYEE: BRING THIS FORM TO FINGERPRINT SESSION
FOR CURRENT EMPLOYEE STATUS CHANGE: SEND THIS FORM TO DISTRICT CERTIFICATION OFFICE

Name _____ Employee ID Number _____

Country of Citizenship _____ Alien Registration # _____

Date of Birth _____ Race _____ Sex _____ Phone _____

Charter School Name _____ **Facility#** _____

Employee Physical Address _____
 Street _____ City _____ State _____ Zip _____

Mailing Address (If different from above) _____
 Street _____ City _____ State _____ Zip _____

STATUS (Complete all applicable sections):

Select one \Rightarrow ADMINISTRATOR INSTRUCTIONAL PROFESSIONAL SUPPORT STAFF SUBSTITUTE TEACHER

Position/Subject Name _____ **Job Code #** _____

Position Start Date ____/____/____ **New work email:** _____

Course Code Number(s) _____

New Allocation Replacement For _____ Exit Date _____

Transfer Within Same Charter Company (**must also provide new course code numbers**):
 Sending School _____ Receiving School _____
 (School Facility # and Name) (School Facility # and Name)

Position/Subject Change New Course Code Number(s) _____

Termination* Resignation* Retirement* Exit Date _____

***MUST COMPLETE EXIT INTERVIEW ONLINE AT: <http://myexitinterview.osceola.k12.fl.us/>**

EMPLOYEE SIGNATURE **DATE** **PRINCIPAL/DIRECTOR SIGNATURE** **DATE**

DISTRICT HUMAN RESOURCES DEPARTMENT ONLY

Human Resources Routing (Staff Initials and Date):

- | | |
|---|-----------------------------------|
| 1. Fingerprinting _____ | 3. Staffing _____ |
| 2. Certification Enrollment Session _____ | 4. Certification Checksheet _____ |