

# 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](mailto:rosa.cuevas@osceolaschools.net) and [vanessa.marrero-lopez@osceolaschools.net](mailto: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

<b>SCHOOL/ COLLEGE/ UNIVERSITY NAME</b>	
<b>SOCIAL SECURITY NUMBER</b>	_____ - _____ - _____
<b>FIRST NAME</b>	
<b>MIDDLE NAME</b>	
<b>LAST NAME</b>	
<b>ALIASES or MAIDEN NAME</b>	
<b>SUFIX (EX. SR., JR., II, III, IV)</b>	
<b>POSITION - Check One</b>	<input type="checkbox"/> Intern <input type="checkbox"/> Volunteer Coach - Sport: _____ <input type="checkbox"/> Volunteer Chaperone Overnight
<b>DATE OF BIRTH</b>	Month: _____ Day: _____ Year: _____
<b>PLACE OF BIRTH</b>	
<b>COUNTRY OF CITIZENSHIP</b>	
<b>HEIGHT</b>	Feet: _____ ' - Inches: _____ "
<b>WEIGHT</b>	Pounds: _____
<b>RACE</b>	<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
<b>GENDER - Check One</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>EYE COLOR - Check One</b>	<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
<b>HAIR COLOR - Check One</b>	<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
<b>CURRENT HOME ADDRESS (No PO Box)</b>	<b>Street:</b>
	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____
<b>HOME or CELL PHONE NUMBER</b>	
<b>Current School District Employee</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - Employee ID #: _____
<b>SIGNATURE</b>	
<b>TODAY'S DATE</b>	_____ / _____ / _____

**VECHS APPLICANT**  
**WAIVER AGREEMENT**  
**AND STATEMENT**

For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee and/or volunteer.

I hereby authorize (*enter Name of Qualified Entity*) Osceola School District  
to submit a set of my fingerprints and this form 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. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that upon request you may provide me a copy of the criminal history record report, 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 and/or volunteer.

A national criminal history record check has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity)

\_\_\_\_\_  
(Year of Request)

I  have OR  have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_  
I  do OR  do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one):  Employee  Volunteer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

**ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY**

## 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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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.

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> 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.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

# 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 \_\_\_\_\_



**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** →  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 \_\_\_\_\_