

**Cabinet for Health and Family Services
Office of Human Resource Management**

Applicant/Employee/Contractor Pre-Screening Form

The applicant, employee or contractor must provide this information before processing can occur in the Kentucky Applicant Registry and Employment Screening (KARES) System.

Declarations: By signing this form I consent to submission of my fingerprints to the Kentucky State Police (KSP) for forwarding to the Federal Bureau of Investigation (FBI) for the purpose of conducting a state and national criminal history records check pursuant to The Affordable Care Act (ACA) Subtitle C, Section 6201 and pursuant to 900 KAR 1:009. I understand that the results will be shared with the Cabinet for Health and Family Services (CHFS), Office of Human Resource Management (OHRM).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information are generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include other federal statutes, state statutes, and Presidential Executive Orders. Providing your fingerprints and associated information is voluntary; however, failure to do so will affect your hiring or continuation of your employment.

Principal Purpose: Certain determinations, such as employment 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.

I understand that as part of my application for employment or employment, my fingerprints will be used to check the KSP criminal history records. I hereby give authority and consent to KSP to retain my fingerprints and process future searches (including latent fingerprint searches) against them and make full use of them in any criminal prosecution under state or federal law. I also authorize and consent to KSP notifying OHRM of subsequent arrests or convictions indicated in the criminal history records concerning me, for use in determining my eligibility for employment or continuing employment.

I freely and voluntarily give my authorization without coercion, duress, or threats of any kind.

Social Security Number (SSN). Your SSN is needed to keep records accurate because other people may have the same name and birthdate. 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 SSN 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.

My signature below acknowledges that I have read, understand and accept the terms and conditions outlined in this form.

(Please Type or Print Clearly)

Department or Office:			
Last Name:		First and Middle Names:	
Maiden Name:	Social Security Number:	Date of Birth:	Gender: (Circle one) Male Female
Government Issued ID (Include No. & Type):		State or Agency of Issue:	
Race*: (See FBI Race Code Table below and circle one) Asian Black White Native American	Eye Color:	Hair Color:	Height (feet & inches):
Weight (lbs):	U.S. Citizen (Yes/No):	Place of Birth:	
Phone Number:	Phone Number Type:	Email Address**:	
Home Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different):		City:	State:
Zip Code:	County:	Alt Phone Number:	Alt Phone Number Type:

***FBI Race Code Table**

- **Asian:** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
- **Black:** A person having origins in any of the black racial groups of Africa.
- **Native American:** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
- **White:** Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

****I authorize the use of my email address for OHRM to send me documents that may have my personal identifying information.**

List all residences you have lived at during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

Complete Address	Year From	Year To

List all cities and states where you have worked during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

City	State	Year From	Year To

List any aliases and other names you have ever used; including any other dates of birth and social security numbers: (Use additional sheets if needed)

First Name	Middle Name	Last Name	Date of Birth	Social Security Number

Have you ever been convicted of a crime? Yes No
 If you answered "YES" to the question above, please provide an explanation in this box for each conviction. Please provide the following: (1) offense(s) for which you were convicted; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

Do you have any charges (pending) against you for a crime? Yes No
 If you answered "YES" to the question above, please provide an explanation in this box for each charge. Please provide the following: (1) offense(s) for which you were charged; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

Answering "NO" to all questions does not guarantee employment.

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS FORM. Please read the following acknowledgements carefully before you sign.

I understand that information requested regarding gender, race, height, eye color, hair color, weight, place of birth, citizenship and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law.

I understand that a false statement on any part of this form is grounds for either not hiring or dismissing me. I consent to the release of information regarding a criminal history on me by KSP, FBI, and any of its authorized agents. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

Signature:	Date:
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