

CRIMINAL JUSTICE INFORMATION SYSTEMS SECURITY CLEARANCE BACKGROUND REQUEST

(DO NOT MODIFY THIS FORM – PLEASE FILL IN ALL FIELDS)

I have been informed that in order to be allowed access into areas associated with or around Criminal Justice Information Systems (CJIS), a state and national fingerprint background check will be required.

I understand that the existence of a criminal record in itself would not disqualify me for employment, contract work, or being a volunteer, however may effect what locations I will be allowed access. Further, I understand if there is any question regarding the results of the fingerprint background check, I may contact the Oregon State Police CJIS Division directly for information regarding the results of the check.

Applicant Signature (REQUIRED)

Date

CLEARLY PRINT (REQUIRED):

NAME: _____
(Last) (First) (Middle)

OTHER NAMES USED: _____ DATE OF BIRTH: _____

SWORN POSITION

SELECT ONE: POLICE CORRECTIONS RESERVE
JOB TITLE (Only required if Parole & Probation Officer): _____

NON-SWORN POSITION

***REQUIRED* JOB TITLE:** _____

*****REQUIRED INFORMATION*****

***PERMANENT EMPLOYEES**

***CONTRACTOR/VENDOR/OTHER**

DATE OF HIRE:
(Month/Year): _____

OR

END OF SERVICES:
(Month/Year): _____

NOTE: Please fill out ALL fields; information is needed for tracking purposes. If not filled in, form will be rejected/returned to agency. CJIS Flag will be deleted at the time of end of services unless extended by an email from the agency to email address OSP.CJIS@state.or.us. If there is no end date of services for non-permanent employees, please write in 'continual contract' and we will rely on your agency to let us know when this individual no longer has CJIS Security access to your ORI.

MANAGER CONTACT INFORMATION FOR RESULTS

AGENCY: _____ ORI: _____

NAME: _____ PHONE: _____

EMAIL: _____

The person identified above will have required access to a CJIS security area under my direction. By this request I am complying with the CJIS Security policy requirement for this facility and submitting within the 30 days of initial hire as directed in section 5.12.1.1 of the CJIS Security Policy and the State CSO or their designee.

Manager or LEDS REP Signature (REQUIRED)

Date

Once form is complete, please return to Oregon State Police CJIS Division.

Mail: Oregon State Police CJIS Division
3565 Trelstad Ave. SE
Salem, OR 97317

Fax: 503-378-2121

Email: OSPCJIS@osp.state.or.us